2007 PRC
COMMUNITY HEALTH ASSESSMENT

Frederick County, Maryland

Sponsored By

Frederick County Health Department

Prepared By PROFESSIONAL RESEARCH CONSULTANTS, INC.
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INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of community residents. Subsequently, this information may be used to formulate strategies to improve community health and wellness.

A PRC Community Health Assessment provides the information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Assessment will serve as a tool toward reaching three basic goals:

- To improve residents' health status, increase their life spans, and elevate their overall quality of life. A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- To reduce the health disparities among residents. By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- To increase accessibility to preventive services for all community residents. More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

Community Defined for This Assessment

The study area for this effort is defined as Frederick County, Maryland.

METHODOLOGY

The analysis of community health status and needs described in this report is derived from three distinct, yet complementary, data input:

- Primary quantitative research from a household survey of community residents;
- Secondary quantitative research from existing community-level data; and
- Primary qualitative research from a series of key informant focus groups.

2007 PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to national health promotion and disease prevention objectives and other recognized health issues.

Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *2007 PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random selection capabilities.

The *2007 PRC Community Health Survey* reflects a total of 1,000 telephone interviews among adults aged 18 and older residing in ZIP Codes associated with Frederick County, Maryland (see the following map). Specifically, the sample design used for this effort consisted of:

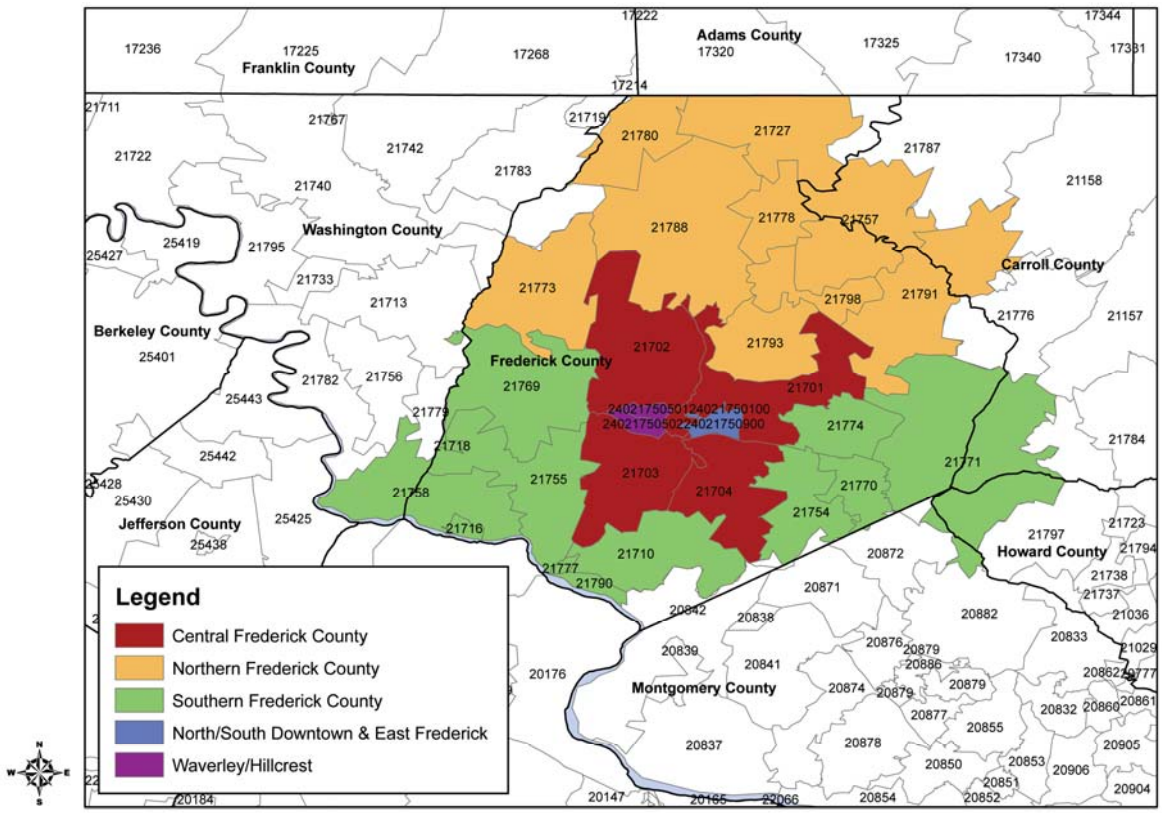
- A random sample of 800 individuals throughout Frederick County.
- An oversample of 200 individuals in selected census tracts in Frederick City (100 in North/South Downtown/East Frederick; 100 in the Waverley/Hillcrest area).
  - The rationale for these oversamples was to conduct additional interviews in pockets of Frederick City that are lower-income and/or more racially/ethnically diverse in order to augment the representation of these populations in the survey.

Once these data were collected, the sample was weighted in proportion to the actual population distribution at the ZIP Code level so that area estimates reflect the area as a whole. Population estimates were based on census projections of adults aged 18 and over provided in the latest *ESRI BIS Demographic Portfolio*.

All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

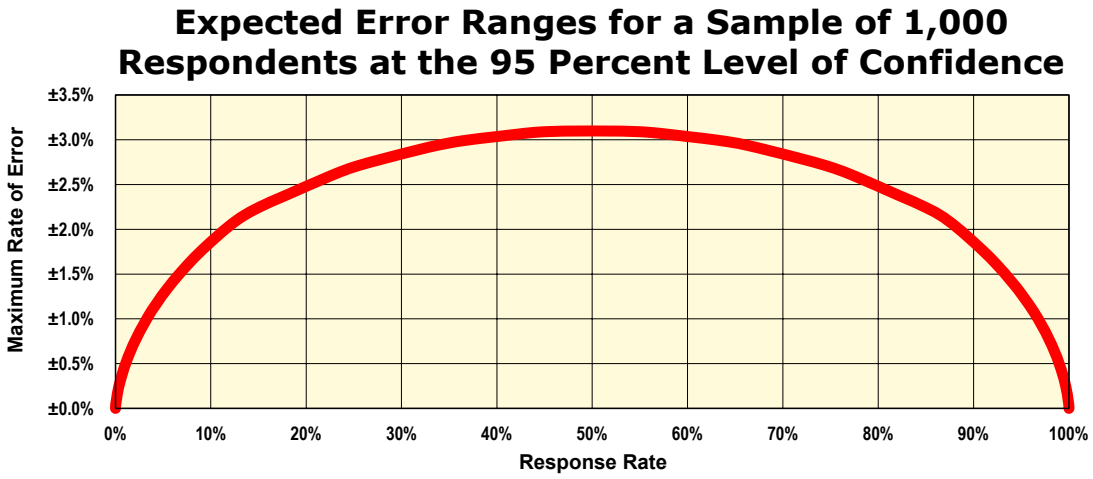
Geographic Segmentation

Survey results throughout this report are segmented into three sub-county areas defined at the ZIP Code level (see the following map): Central Frederick County (Frederick City); Northern Frederick County; and Southern Frederick County. Note that similar segmentation is *not* available for data derived from secondary data sources (described later).



Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 1,000 respondents is ±3.1% at the 95 percent level of confidence *(p=.05)*. This maximum error rate applies to questions asked of all respondents.



Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 1,000 respondents answered a certain question with a "yes," it can be asserted that between 8.1% and 11.9% (10% ± 1.9%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.9% and 53.1% (50% ± 3.1%) of the total population would respond "yes" if asked this question.

The following table also describes the confidence intervals associated with key demographic and geographic segments.

2007 Community Health Survey – Frederick County Actual Interviews & Confidence Intervals for Demographic/Geographic Segments						
	Number of Interviews*	Error Rate for Subgroups at Various Response Levels				
		10% or 90%	20% or 80%	30% or 70%	40% or 60%	50%
Gender						
Male	511	±2.6%	±3.5%	±4.0%	±4.2%	±4.3%
Female	489	±2.7%	±3.5%	±4.1%	±4.3%	±4.4%
Age						
18 to 39 Years	182	±4.4%	±5.8%	±6.7%	±7.1%	±7.3%
40 to 64 Years	569	±2.5%	±3.3%	±3.8%	±4.0%	±4.1%
65 Years or Older	237	±3.8%	±5.1%	±5.8%	±6.2%	±6.4%
Poverty Status						
<200% Poverty Level	115	±5.5%	±7.3%	±8.4%	±9.0%	±9.2%
>200% Poverty Level	706	±2.2%	±2.9%	±3.4%	±3.6%	±3.7%
Race/Ethnicity						
White (non-Hispanic)	871	±2.0%	±2.6%	±3.0%	±3.2%	±3.3%
Black (non-Hispanic)	46	±8.8%	±11.7%	±13.4%	±14.3%	±14.6%
Hispanic	32	±10.5%	±14.0%	±16.0%	±17.2%	±17.6%
Other (non-Hispanic)	36	±9.9%	±13.2%	±15.2%	±16.2%	±16.5%
Region						
Central Frederick County	511	±2.6%	±3.5%	±4.0%	±4.2%	±4.3%
Northern Frederick County	183	±4.4%	±5.8%	±6.7%	±7.1%	±7.3%
Southern Frederick County	306	±3.4%	±4.5%	±5.1%	±5.5%	±5.6%
TOTAL SAMPLE	**1,000**	**±1.9%**	**±2.5%**	**±2.8%**	**±3.0%**	**±3.1%**

- Note that some categories may not add to the total number of interviews due to non-response/non-classification.
- Error rate estimates are made at the 95% confidence level (p= .05).

* Includes the following samples: 800 countywide random interviews; 200 interviews in census tracts associated with North/South Downtown/East Frederick (100) and the Waverley/Hillcrest area (100).

Statistical Significance

For survey-derived items throughout this report, statements of differences between data points (e.g., between geographies, among demographic groups, against benchmark data, etc.) represent statistically significant findings. Tests for statistical significance take into account (and comparative error rates vary according to) variables such as the number of persons responding to a specific question and where a particular response rate falls between 0% and 100%. Thus, it is difficult to simply look at two data points and know if the difference is significant. *In some cases, comparisons may be found to be statistically significant for one indicator but not for another, even though the net difference found for each is the same.* Significance is also noted in charts throughout this report between columns marked with a "◆" and joined by a line.

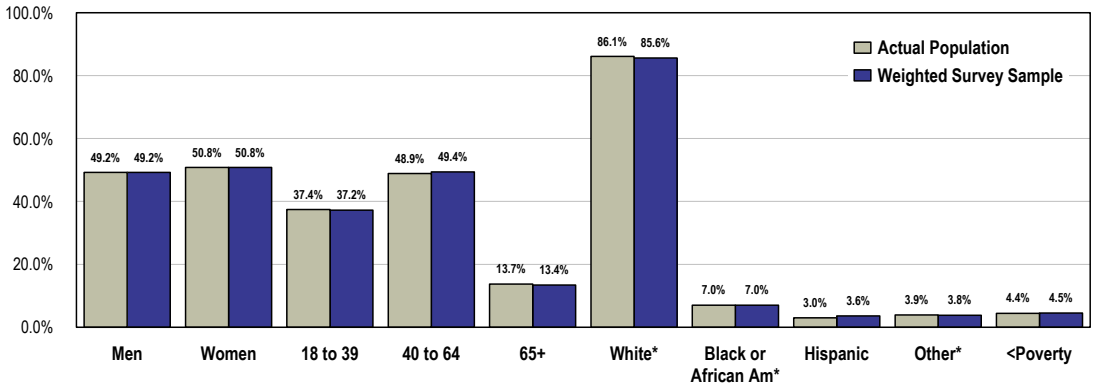
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents aged 18 and older; data on children were given by proxy by the person most responsible for that child's healthcare needs, and these children are not represented demographically in this chart.]

Population & Sample Characteristics

(Frederick County, 2007)



Source:
- Census 2000, Summary File 3 (SF 3). U.S. Census Bureau.
- 2007 PRC Community Health Survey, Professional Research Consultants.
- Hispanic can be of any race.
- *White, Black, and Other sample percentages do not include Hispanic respondents who did not offer a race response.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the U.S. Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2007 guidelines place the poverty threshold for a family of four at $20,650 annual household income or lower)*. In sample segmentation: "<200% FPL" (or "<200% of the Federal Poverty Level") refers to community members living in a household with defined poverty status, combined with those households living just above the poverty level, earning up to twice the poverty threshold; and "200%+ FPL" refers to households with incomes more than twice the poverty threshold defined for their household size.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in Frederick County with a high degree of confidence.

Benchmarking Survey Data

Statewide Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local findings. These data are reported in the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Summary Prevalence Reports* published by the Centers for Disease Control and Prevention and the U.S. Department of Health & Human Services.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2005 PRC National Health Survey*. The methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the U.S. population with a high degree of confidence.

Healthy People 2010

Healthy People 2010: Understanding and Improving Health is part of the Healthy People 2010 initiative that is sponsored by the U. S. Department of Health & Human Services. Healthy People 2010 outlines a comprehensive, nationwide health promotion and disease prevention agenda. It is designed to serve as a roadmap for improving the health of all people in the United States during the first decade of the 21st century. Like the preceding Healthy People 2000 initiative—which was driven by an ambitious, yet achievable, 10-year strategy for improving the nation's health by the end of the 20th century—Healthy People 2010 is committed to a single, overarching purpose: promoting health and preventing illness, disability and premature death.

About This Report

Throughout this report, important findings, comparisons to benchmark data, findings among geographic or demographic groups, and trend data are highlighted by a system of iconic bullet points, as noted below:

KEY:

- This type of bullet is used to highlight comparisons to benchmark data (i.e., Maryland or U.S. data) or to highlight other significant findings of interest.
- This type of bullet is used to point out differences among the three sub-county areas (Central, Northern and Southern Frederick County).
- This type of bullet is used to highlight differences or pertinent findings among demographic subgroups.
- This type of bullet is used to highlight trends over time.

Public Health, Vital Statistics and Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Assessment. Data were obtained from the following sources (specific citations are included the graphs throughout this report):

- Centers for Disease Control & Prevention
- ESRI BIS Demographic Portfolio (Projections Based on Census 2000)
- KIDS COUNT, a project of the Annie E. Casey Foundation
- Maryland Department of Crime
- Maryland Department of Health and Mental Hygiene
- Maryland Electronic Reporting and Surveillance System (MERSS)
- Maryland National Electronic Disease Surveillance System (MD-NEDSS)
- Maryland State Department of Education
- Maryland State Department of Human Resources, Child Protective Services
- National Center for Health Statistics

Secondary data are based on county-level data. Wherever possible, benchmarking is provided against state and/or national data, and/or to Healthy People 2010 objectives. In secondary data charts, rate differences greater than five percent are notated as columns marked with a "◆" and joined by a line.

Community Focus Groups

As part of this community health assessment, there were five health-related community focus groups among key informants in the defined community. These focus groups included meetings with Physicians, Social Services Providers, Political and Community Leaders, and Allied Health Professionals.

A list of participants recommended for the focus groups was provided by the Frederick County Health Department. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Community focus group candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain whether or not they would be able to attend. Confirmation calls were placed the day before the groups were scheduled to insure they would have a reasonable turnout. Final participation rates are segmented below.

DATE	TIME	GROUP	PARTICIPANTS
July 16, 2007	7am	Physicians	8
July 16, 2007	Noon	Social Services Providers	16
July 17, 2007	7am	Political & Community Leaders	15
July 17, 2007	Noon	Political & Community Leaders	12
July 18, 2007	Noon	Allied Health Professionals	23

The focus group sessions were recorded on audio tapes from which verbatim comments in the report are taken. After each quote, the speaker's group is denoted; however, aside from this group affiliation, there are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

NOTE: These findings represent qualitative rather than quantitative data. The groups were designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

COMPARISON WITH BENCHMARKS

Comparison With National Benchmarks

Self-Reported Health Status

Favorable Compared to National Benchmarks

Frederick County adults' self-reported assessments of the own **physical and mental health** are more favorable than what is reported nationwide. Residents are also less likely than Americans to note suffering from **chronic depression**.

Unfavorable Compared to National Benchmarks

However, Frederick County compares unfavorably to national findings in the following regards:

- **Stress**. Residents are more likely than adults nationwide to experience high stress on a daily basis.
- **Alzheimer's Disease**. The Frederick County age-adjusted death rate from Alzheimer's disease exceeds that recorded across the nation.

Death & Disability

Favorable Compared to National Benchmarks

In comparison with national findings, there are many positive indicators of death and disability in Frederick County. Note these findings with regard to **heart disease and stroke**: lower self-reported prevalence of chronic heart disease, hypertension, and cardiovascular risk factors; a higher prevalence of adults with recent blood pressure screenings; and among those with high cholesterol levels, a higher percentage taking action to control those levels.

In terms of **cancer**, Frederick County fares better with regard to the self-reported prevalence of women 18+ receiving Pap smears. Further, age-adjusted death rates due to lung cancer and female breast cancer are lower across Frederick County when compared with rates nationwide.

With regard to **respiratory disease**, Frederick County adults report a lower prevalence of chronic lung disease compared to the U.S. overall (although this question was asked slightly differently between the local and national surveys). Also, the age-adjusted death rate from pneumonia/influenza is lower in Frederick County than it is nationally. The tuberculosis incidence rate is likewise lower.

Among **injury-related** variables, the community fares better than the nation in terms of: seat belt usage among children and adults; bike helmet use among children; age-adjusted death rates from injuries (including motor vehicle accidents); and lower violent crime rates.

The area age-adjusted **diabetes mellitus** death rate is lower than that found nationally.

Also, pertaining to **chronic pain**, the area exhibits a lower percentage of adults with migraines/severe headaches.

With regard to **immunization and infectious disease**, flu shots and pneumonia vaccinations are more prevalent among high-risk community adults aged 18 to 64 when compared with the national proportions. Also, acute hepatitis C rates are lower than those found across the United States.

Lastly, the area's **sexually transmitted disease** rates (including gonorrhea, syphilis, chlamydia and hepatitis B) are below the national averages, and the proportion of Frederick County residents under 65 with three or more sexual partners in the past year is lower than the U.S. figure.

Unfavorable Compared to National Benchmarks

However, Frederick County compares unfavorably to national findings in the following regards:

- **Stroke Deaths**. The Frederick County age-adjusted death rate from cerebrovascular disease (stroke) exceeds the national rate.
- **Cancer**. Frederick County's age-adjusted prostate and colorectal cancer death rates exceed those found across the United States. County males aged 50 and older are less likely than males nationwide to have had a prostate exam (digital rectal exam and/or prostate-specific antigen test) in the past two years.
- **Asthma**. The percentage of adults across the county who have been diagnosed with asthma is less favorable than the proportion reported across the United States.

Births

Favorable Compared to National Benchmarks

Regarding maternal, infant, and child health, Frederick County **infant mortality** rates are lower than found nationwide. Also, **low-weight births**, **births to teens** and **births to unwed mothers** are also less prevalence in the county when compared to nationwide findings.

Unfavorable Compared to National Benchmarks

- **Timely Prenatal Care**. The proportion of births to mothers without early prenatal care is higher than that recorded nationally.

Modifiable Health Risks

Favorable Compared to National Benchmarks

In comparison to national averages, positive findings relating to nutrition in Frederick County include higher **fruit and vegetable** consumption, and a higher proportion of residents receiving **advice on nutrition** from a healthcare professional in the past year.

With regard to physical activity, the county has a lower prevalence of adults without **leisure-time physical activity** in the past month, and a higher percentage of residents receiving **advice on exercise** from a healthcare professional in the past year.

Regarding tobacco use, the county overall also has a lower **cigarette smoking** prevalence and less **secondhand smoke** in homes (including exposure among children).

Unfavorable Compared to National Benchmarks

Note the lack of significant negative findings with regard to modifiable risk behavior in Frederick County (versus U.S. findings).

Access to Healthcare Services

Access is a key issue for communities across the country. Barriers such as cost, transportation, language barriers, insurance acceptance, physician and appointment availability, and inconvenient office hours are prohibitive factors for many residents. While the levels for access limitations in Frederick County as a whole are comparable to the U.S. for most of these items, the important analysis is how these barriers impact various subsegments of the population, particularly low-income and minority residents.

Favorable Compared to National Benchmarks

Positive survey findings related to access in Frederick County are many: an overall higher prevalence of **health insurance coverage** (adults under 65); and a lower prevalence of difficulty accessing care last year (including problems with **transportation** and **cost** as a barrier to prescriptions and office visits).

The percentage of adults with a **specific source for ongoing care** is higher than the national percentage. Also, recent medical **checkups among children** are more prevalent in Frederick County.

Recent **dental care** is noted more often in Frederick County than it is across the U.S. (for both adults and children), and the proportion of residents with **dental coverage** is also more favorable.

Unfavorable Compared to National Benchmarks

On the other hand, note the following negative finding:

- **Inconvenient Office Hours**. Residents of Frederick County are more likely than adults nationwide to acknowledge not receiving needed healthcare in the past year due to inconvenient office hours.

Comparison With State Benchmarks

In addition to some of the aforementioned indicators that compare unfavorably to national benchmarks, the following indicators also compare unfavorably to Maryland state-level data:

- Chronic Lower Respiratory Disease Deaths
- Suicide Deaths
- Overweight & Obesity
- Moderate Physical Activity
- Chronic & Binge Drinking
- Cigarette Smoking Prevalence
- Routine Medical Care

Sub-County Findings

The following table highlights indicators for which one part of the county fares notably less favorably than others (i.e., Central Frederick County compared to the rest of the county).

Central Frederick County (Frederick City):	Northern Frederick County:	Southern Frederick County:
Fair/Poor Physical Health	Cholesterol Screening	High Blood Cholesterol
Colorectal Cancer Screening	Pneumonia Vaccination Among High-Risk Adults 18-64	Obesity
Domestic Violence	Childhood Overweight	Seeking Help for Alcohol & Drug Issues
Fruit & Vegetable Consumption	Vigorous Physical Activity	
Health Insurance Coverage & Access Barriers (e.g., Transportation, Cost, Language)	Cigarette Smoking Prevalence	
Usual Source of Care	Children's Dental Care	
Emergency Room Use	Condom Use	
Dental Care & Dental Insurance Coverage		

AREAS OF OPPORTUNITY FOR COMMUNITY HEALTH IMPROVEMENT

The following "health priorities" represent recommended areas of intervention, based on the information gathered through this Community Health Assessment and the guidelines set forth in *Healthy People 2010*. From these data, opportunities for health improvement exist in the area with regard to the following health areas (see also the summary tables presented in the following section). These areas of concern are subject to the discretion of area providers, the steering committee, or other local organizations and community leaders as to actionability and priority.

Areas of Opportunity Identified Through Data Review

Access to Healthcare Services

- Routine Medical Care
- Availability (Inconvenient Office Hours)
- Health Disparities (Low-Income and Minorities)

Death, Disease & Disability

- Heart Disease & Stroke
- Cancer
  - Colorectal Cancer (Deaths)
  - Prostate Cancer (Screening)
- Respiratory Disease
  - Asthma
  - Chronic Lower Respiratory Disease

Maternal, Infant & Child Health

- Prenatal Care

Mental & Emotional Health

- Alzheimer's Disease
- Emotional Wellness
  - Stress
  - Suicide

Modifiable Health Risks

- Overweight & Obesity
- Alcohol Abuse
- Tobacco Use

Selecting Health Priorities

There are various mechanisms through which individual organizations may wish to identify priority areas, such as through community direction and feedback, through analyses of primary and secondary data, or through a combination of the two. Regardless of which mechanism is applied, a variety of criteria must be considered when identifying priority areas, and these are outlined below. Keep in mind that no single criterion determines a specific area of need. Rather, the interplay among the different criteria should be considered in identifying priority areas.

Furthermore, it is important to recognize two important facts: 1) that many local efforts are currently active in addressing aspects of several of the outlined issues; and 2) that no individual or organization acting alone can remedy all of the implications of a given issue or problem. In identifying priorities for community action and designing strategies for implementation, a variety of criteria should be applied to the consideration process, including:

- **Impact**. The degree to which the issue affects or exacerbates other quality of life and health-related issues.
- **Magnitude**. The number of persons affected, also taking into account variance from benchmark data and Year 2010 targets.
- **Seriousness**. The degree to which the problem leads to death, disability or impairs one's quality of life.
- **Feasibility**. The ability of organizations to reasonably impact the issue, given available resources.
- **Consequences of Inaction**. The risk of exacerbating the problem by not addressing at the earliest opportunity.

The following section provides a series of summary tables detailing health indicators for the community.

Priorities Identified Among Focus Group Participants

When asked to prioritize what they see as the greatest health needs in Frederick County, key informant focus group participants mentioned several issues.

Several emphasized a need for more efforts to reduce modifiable risk behaviors:

> ***Obesity and wellness programs*** *should be a high priority.* – Allied Health Professional
>
> *We need a* ***system where good health behavior is rewarded*** *with a reduction in healthcare costs, like some companies do with their employees, keeping track of BMI, blood pressure numbers, blood sugar levels, smoking, things like that.* – Allied Health Professional
>
> *I'd like to see a big* ***wellness facility*** *that has free education and incentives for people to lead healthier lifestyles.* – Allied Health Professional
>
> ***Walking trails, biking trails.*** – Allied Health Professional
>
> ***Safe green spaces*** *you can access easily.* – Political & Community Leader
>
> *I would expand the* ***exercise and nutrition*** *thing for the adults. I really think that we need to get people to take some responsibility for their own care. Obviously diabetes and obesity.* – Physician

Others placed priority on issues of access to and availability of healthcare services. Specific comments included:

> *Community-based crisis centers,* ***crisis medical facilities for uninsured and underinsured*** *– that really is the most critically underserved or not-served part of the population.* – Political & Community Leader
>
> *I think that 80% of the problems that we have could be solved by some type of center, some type of* ***clinic*** *– the medications could be there, the physicians could rotate through there. Instead of taking a hit at the office, I would much rather donate my time [in that way] than donate the office hours that I need.* – Physician
>
> *I wish all the health non-profits could live together in one big, towering building.* Allied Health
>
> *Satellite offices.* – Allied Health Professional
>
> *We're going to be seeing things like macular degeneration, Alzheimer's, hearing loss and some of those things that aren't necessarily life-threatening, but can certainly affect quality of the life and there needs to be* ***support [for senior services]****, in-home care, assisted living, that sort of thing. It's big now and it's growing.* – Social Services Provider
>
> *Some type of* ***care for people with terminal diseases*** *who can't work, can't bring in an income.* – Allied Health Professional
>
> ***Source of short-term medication*** *so the patient could be 'compliant' between the time they're discharged and the time they're considered compliant for long-term care.* – Allied Health Professional
>
> *I would prioritize our* ***kids in poverty****.* – Allied Health Professional
>
> *Also pediatric and adult* ***mental health*** *[care].* – Physician

SUMMARY TABLES

The following tables provide an overview of indicators in Frederick County, including individual analyses of the geographic subareas (Central, Northern, and Southern Frederick County). These data are grouped to correspond with the Focus Areas presented in Healthy People 2010.

Reading the Summary Tables

In the following charts, Frederick County results are shown in the larger, blue column.

The green columns to the left of the blue Frederick County column provide comparisons between the county subareas, identifying differences as "better than" (☼), "worse than" (☁), or "similar to" (⛅) the combined opposing areas (i.e., the rest of the county).

The columns to the right of the Frederick County column provide comparisons between Frederick County and any available state and national findings, as well as Healthy People 2010 targets. Again, symbols indicate whether Frederick County compares favorably (☼), unfavorably (☁), or comparably (⛅) to these external data.

Access to Healthcare Services	Each Sub-Area vs. Others: Central Frederick Co.	Northern Frederick Co.	Southern Frederick Co.	Frederick County	Frederick County vs. Benchmarks: vs. MD	vs. US	vs. HP2010
% Lack Health Insurance (Aged 18-64)	☁ 10.2	⛅ 9.2	☼ 3.2	7.6	☼ 12.7	☼ 20.0	☁ 0.0
% No Healthcare Insurance Coverage for Child (Parents)	☼ 1.1	⛅ 8.0	⛅ 5.7	4.2			
% Difficulty Accessing Healthcare in Past Year	⛅ 32.4	⛅ 29.6	⛅ 27.2	30.1		☼ 35.4	☁ 7.0
% Difficulty Finding Physician in Past Year	☁ 11.0	⛅ 9.3	☼ 6.2	9.0		⛅ 8.6	
% Transportation Prevented Dr Visit in Past Year	☁ 6.2	☼ 1.8	⛅ 2.8	4.1		☼ 6.2	
% Cost Prevented Physician Visit in Past Year	☁ 10.7	⛅ 5.7	⛅ 5.7	8.0	☼ 10.1	☼ 13.0	
% Cost Prevented Getting Rx in Past Year	⛅ 9.9	⛅ 8.1	⛅ 7.9	8.8		☼ 15.5	
% Skipped Rx Doses to Save Costs	⛅ 11.5	⛅ 11.1	⛅ 10.1	10.9		⛅ 8.5	
% Inconvenient Hrs Prevented Dr Visit in Past Year	⛅ 15.3	⛅ 18.4	⛅ 14.2	15.6		☁ 11.7	
% Difficulty Getting Child's Healthcare in Past Year	⛅ 6.2	⛅ 2.9	⛅ 2.1	4.1		⛅ 6.1	
% Have a Specific Source of Ongoing Care	☁ 80.5	☼ 89.0	⛅ 87.1	84.5		☼ 79.9	☁ 96.0
% Have Had Routine Checkup in Past Year	⛅ 65.3	⛅ 63.5	⛅ 60.9	63.4	☁ 72.7	⛅ 65.6	
% Child Has Had Checkup in Past Year	⛅ 87.2	☼ 95.4	⛅ 84.1	87.6		☼ 76.6	
% Gone to ER More Than Once in Past Year	☁ 7.5	☼ 2.5	⛅ 6.1	6.0		⛅ 5.9	
% Rate Local Healthcare "Excellent/Very Good"	⛅ 53.9	⛅ 53.6	⛅ 59.5	55.8		⛅ 56.6	

Note: Each sub-area is compared against all others combined.

-blank- no data ☼ favorable ☁ unfavorable ⛅ similar

Arthritis, Osteoporosis & Chronic Pain	Each Sub-Area vs. Others			Frederick County	Frederick County vs. Benchmarks		
	Central Frederick Co.	Northern Frederick Co.	Southern Frederick Co.		vs. MD	vs. US	vs. HP2010
% Arthritis/Rheumatism	20.8	23.7	19.6	21.0	27.5	22.7	
% Osteoporosis	5.0	6.4	5.9	5.6		5.4	
% Sciatica/Chronic Back Pain/Joint Pain	22.6	27.0	25.4	24.4			
% Migraine/Severe Headaches	17.8	15.7	15.9	16.7		20.5	
	Note: Each sub-area is compared against all others combined.			-blank- no data	favorable	unfavorable	similar

Cancer	Each Sub-Area vs. Others			Frederick County	Frederick County vs. Benchmarks		
	Central Frederick Co.	Northern Frederick Co.	Southern Frederick Co.		vs. MD	vs. US	vs. HP2010
Cancer Deaths (Age-Adjusted Death Rate)				191.9	194.6	191.1	159.9
Lung Cancer Deaths (Age-Adjusted Death Rate)				46.4	55.8	54.3	44.8
Female Breast Cancer Deaths (Age-Adjusted Death Rate)				26.4	27.6	28.0	22.3
Prostate Cancer (Age-Adjusted Death Rate)				29.5	28.8	20.7	
Colorectal Cancer Deaths (Age-Adjusted Death Rate)				21.5	19.7	19.1	
% Skin Cancer	4.0	6.8	6.1	5.3		4.7	
% Cancer (Other Than Skin)	4.5	8.1	6.8	6.0		6.8	
% Sigmoid/Colonoscopy Ever (Aged 50+)	63.4	69.5	74.8	68.9	53.9	65.4	50.0
% Mammogram in Past 2 Years (Women 40+)	75.2	68.2	79.4	75.1	76.5	70.2	70.0
% Pap Smear in Past 3 Years (Women)	86.2	89.3	87.4	87.3	84.8	79.2	90.0
% Prostate Exam (DRE and/or PSA) in Past 2 Years (Men 50+)	77.9	77.3	79.2	78.3		85.1	
	Note: Each sub-area is compared against all others combined.			-blank- no data	favorable	unfavorable	similar

Children's Neurological Disorders	Each Sub-Area vs. Others			Frederick County	Frederick County vs. Benchmarks		
	Central Frederick Co.	Northern Frederick Co.	Southern Frederick Co.		vs. MD	vs. US	vs. HP2010
% Prevalence of Neurological Problems Among Children	2.0	6.0	2.1	2.9			
% Prevalence of Epilepsy/Seizures Among Children	1.3	6.0	0.0	1.8			
	Note: Each sub-area is compared against all others combined.			-blank- no data	favorable	unfavorable	similar

Diabetes	Each Sub-Area vs. Others			Frederick County	Frederick County vs. Benchmarks		
	Central Frederick Co.	Northern Frederick Co.	Southern Frederick Co.		vs. MD	vs. US	vs. HP2010
Diabetes Mellitus (Age-Adjusted Death Rate)				19.7	28.0	25.1	15.1
% Diabetes/High Blood Sugar	10.3	7.4	8.3	9.0	7.2	10.2	
% (Diabetics) Taking Insulin/Medication	81.6	77.3	77.5	79.6		78.1	
	Note: Each sub-area is compared against all others combined.			-blank- no data	favorable	unfavorable	similar

Disability

	Each Sub-Area vs. Others			Frederick County	Frederick County vs. Benchmarks		
	Central Frederick Co.	Northern Frederick Co.	Southern Frederick Co.		vs. MD	vs. US	vs. HP2010
% Activity Limitations	17.8	18.4	16.3	17.4	15.7	19.8	
% Prevalence of Orthopedic/Skeletal Problems Among Children	2.5	0.0	1.8	1.7			

Note: Each sub-area is compared against all others combined.

-blank- no data; favorable; unfavorable; similar

Environmental Health

	Each Sub-Area vs. Others			Frederick County	Frederick County vs. Benchmarks		
	Central Frederick Co.	Northern Frederick Co.	Southern Frederick Co.		vs. MD	vs. US	vs. HP2010
% Experienced Problems w/Water Supply	26.2	14.4	26.4	22.9			
% Experienced Problems w/Sewage Disposal	10.2	5.8	8.3	7.9			
% Have Mold in the Home Bigger Than a Doormat	1.3	2.7	2.5	2.0			

Note: Each sub-area is compared against all others combined.

-blank- no data; favorable; unfavorable; similar

Family Planning

	Each Sub-Area vs. Others			Frederick County	Frederick County vs. Benchmarks		
	Central Frederick Co.	Northern Frederick Co.	Southern Frederick Co.		vs. MD	vs. US	vs. HP2010
% of Births to Unwed Mothers				23.5	35.9	34.8	
Teenage Birth Rate (<20)/1,000				6.1	8.5	10.4	

Note: Each sub-area is compared against all others combined.

-blank- no data; favorable; unfavorable; similar

Heart Disease & Stroke

	Each Sub-Area vs. Others			Frederick County	Frederick County vs. Benchmarks		
	Central Frederick Co.	Northern Frederick Co.	Southern Frederick Co.		vs. MD	vs. US	vs. HP2010
Diseases of the Heart (Age-Adjusted Death Rate)				235.2	227.7	233.1	213.7
Stroke (Age-Adjusted Death Rate)				59.6	53.5	53.2	48.0
% Chronic Heart Disease	6.5	4.6	5.0	5.6	5.6	8.2	
% Stroke	3.1	4.1	1.3	2.7	2.1	2.4	
% Blood Pressure Checked in Past 2 Years	96.6	97.3	97.7	97.1		94.6	95.0
% Told Have High Blood Pressure	30.2	24.7	28.5	28.5	26.0	34.2	16.0
% Taking Action to Control High Blood Pressure	94.7	92.8	88.6	92.3		93.4	95.0
% Cholesterol Checked in Past 5 Years	89.7	83.6	92.4	89.4	79.7	86.8	80.0
% Told Have High Cholesterol	34.2	32.8	41.7	36.5	35.2	32.9	17.0
% Taking Action to Control High Blood Cholesterol	94.2	91.7	87.1	90.9		81.2	
% 1+ Cardiovascular Risk Factor	85.0	87.7	82.0	84.5	79.8	88.5	
% Prevalence of Severe Cardiac Conditions/Children	0.5	0.0	1.2	0.7			

Note: Each sub-area is compared against all others combined.

-blank- no data; favorable; unfavorable; similar

HIV

	Each Sub-Area vs. Others			Frederick County vs. Benchmarks			
	Central Frederick Co.	Northern Frederick Co.	Southern Frederick Co.	Frederick County	vs. MD	vs. US	vs. HP2010
HIV (Age-Adjusted Death Rate)				1.7 *	10.5	4.7	0.7
AIDS Incidence/100,000				8.0	37.1	17.1	
% Ever Tested for HIV (Ages 18-64)	56.9	46.7	47.5	51.7	48.6	54.4	
	Note: Each sub-area is compared against all others combined.			-blank- no data	favorable	unfavorable	similar

* *Note that this rate is not deemed reliable.*

Immunization & Infectious Disease

	Each Sub-Area vs. Others			Frederick County vs. Benchmarks			
	Central Frederick Co.	Northern Frederick Co.	Southern Frederick Co.	Frederick County	vs. MD	vs. US	vs. HP2010
% Flu Shot in Past Yr (Aged 65+)	78.2	71.6	71.4	74.6	59.3	71.5	90.0
% Flu Shot in Past Yr (High-Risk Aged 18-64)	53.2	57.9	56.5	55.1		22.4	60.0
% Pneumonia Vaccine Ever (Aged 65+)	75.1	66.6	73.0	72.4	62.0	74.2	90.0
% Pneumonia Vaccine Ever (High-Risk Aged 18-64)	34.6	18.2	44.5	35.8		26.3	60.0
	Note: Each sub-area is compared against all others combined.			-blank- no data	favorable	unfavorable	similar

Injury & Violence

	Each Sub-Area vs. Others			Frederick County vs. Benchmarks			
	Central Frederick Co.	Northern Frederick Co.	Southern Frederick Co.	Frederick County	vs. MD	vs. US	vs. HP2010
Unintentional Injury (Age-Adjusted Death Rate)				25.7	25.8	37.2	17.5
Motor Vehicle Crashes (Age-Adjusted Death Rate)				12.0	12.8	15.4	9.2
Homicide (Age-Adjusted Death Rate)				2.3 *	10.2	6.1	3.0
Suicide (Age-Adjusted Death Rate)				10.8	8.8	10.9	5.0
% "Always" Wear Seat Belt	92.2	89.2	92.7	91.8		78.3	92.0
% Child (Aged 0-4) "Always" Uses Auto Child Restraint	97.6	100.0	100.0	98.9		98.9	100.0
% Child (Aged 5-17) "Always" Uses Seat Belt	95.9	93.2	98.1	96.2		74.5	92.0
% Child "Always" Wears Bicycle Helmet (Aged 5-16)	53.3	42.7	60.8	54.4		28.8	
Violent Crime/100,000				360.1	694.1	469.4	
% Victim of Domestic Violence in Past 5 Years	3.7	2.0	0.2	2.2		2.7	
	Note: Each sub-area is compared against all others combined.			-blank- no data	favorable	unfavorable	similar

* *Note that this rate is not deemed reliable.*

Maternal & Infant Health

	Each Sub-Area vs. Others			Frederick County vs. Benchmarks			
	Central Frederick Co.	Northern Frederick Co.	Southern Frederick Co.	Frederick County	vs. MD	vs. US	vs. HP2010
% No Prenatal Care in 1st Trimester				17.7	17.6	16.2	10.0
% of Low Birthweight Births				7.2	9.2	7.9	5.0
Infant Death Rate				5.2	8.0	6.9	4.5
% Cesarean-Section Births				28.1	30.3	27.6	
	Note: Each sub-area is compared against all others combined.			-blank- no data	favorable	unfavorable	similar

Mental Health & Mental Disorders

Mental Health & Mental Disorders	Each Sub-Area vs. Others: Central Frederick Co.	Each Sub-Area vs. Others: Northern Frederick Co.	Each Sub-Area vs. Others: Southern Frederick Co.	Frederick County	Frederick County vs. Benchmarks: vs. MD	vs. US	vs. HP2010
% "Fair/Poor" Mental Health	7.1	6.8	6.3	6.7		11.7	
% Major Depression	7.8	7.8	10.7	8.8		9.1	
% Chronic Depression (2+ Years)	21.7	21.8	17.9	20.4		24.9	
% Depressed Persons Seeking Help	50.4	45.3	67.0	54.8		48.3	50.0
% Typical Day Is "Extremely/Very" Stressful	13.1	9.4	10.2	11.4		8.5	
% Daily Commute >45 Minutes (Employed Adults)	17.0	19.4	23.7	21.2			
Alzheimer's Disease (Age-Adjusted Death Rate)				27.4	17.4	21.1	
% Child Diagnosed With ADHD (Ages 6-17)	8.9	6.9	13.9	10.4			
% Prevalence of Learning Disabilities Among Children	4.2	10.8	7.8	6.8			
% Prevalence of Mental Retardation Among Children	2.4	6.0	2.0	3.0			

Note: Each sub-area is compared against all others combined.

-blank- no data; favorable; unfavorable; similar

Nutrition & Overweight

Nutrition & Overweight	Each Sub-Area vs. Others: Central Frederick Co.	Each Sub-Area vs. Others: Northern Frederick Co.	Each Sub-Area vs. Others: Southern Frederick Co.	Frederick County	Frederick County vs. Benchmarks: vs. MD	vs. US	vs. HP2010
% Eat 5+ Servings of Fruit or Vegetables per Day	46.9	44.6	57.3	50.0	28.7	36.2	
% Eat 2+ Servings of Fruit per Day	62.8	59.7	73.7	65.9		46.5	75.0
% Eat 3+ Servings of Vegetables per Day	36.3	34.7	37.3	36.3		34.6	50.0
% Received Advice on Nutrition in Past Year	42.9	44.7	47.9	45.0		37.2	
% Unhealthy Weight (BMI <18.5 or 25+)	70.5	66.3	69.2	69.2	62.4	67.9	40.0
% Overweight	69.1	64.2	67.9	67.8	61.1	66.1	
% Obese	27.2	22.6	32.7	28.3	24.4	27.3	15.0
% Overweights Advised to Lose Weight	31.8	34.8	35.9	33.8		30.7	
% Overweight Trying to Lose	66.9	52.0	56.9	60.5		56.9	
% Children (Aged 6-17) Overweight	8.4	31.4	5.8	12.4		14.1	

Note: Each sub-area is compared against all others combined.

-blank- no data; favorable; unfavorable; similar

Oral Health

Oral Health	Each Sub-Area vs. Others: Central Frederick Co.	Each Sub-Area vs. Others: Northern Frederick Co.	Each Sub-Area vs. Others: Southern Frederick Co.	Frederick County	Frederick County vs. Benchmarks: vs. MD	vs. US	vs. HP2010
% Have Dental Insurance	71.7	70.9	82.1	75.1		60.0	
% Have Visited Dentist in Past Yr (18+)	71.2	73.6	82.9	75.6		65.4	56.0
% Child (Aged 2-17) Has Visited Dentist in Past Year	81.6	68.9	87.9	81.2		73.8	56.0

Note: Each sub-area is compared against all others combined.

-blank- no data; favorable; unfavorable; similar

Physical Activity & Fitness

	Each Sub-Area vs. Others			Frederick County vs. Benchmarks		
	Central Frederick Co.	Northern Frederick Co.	Southern Frederick Co.	Frederick County	vs. MD	vs. US	vs. HP2010
% No Leisure-Time Physical Activity	19.9	19.2	18.4	19.2	22.9	25.5	20.0
% Meeting Physical Activity Recommendations	49.7	47.0	50.8	49.5	49.1	47.2	
% Vigorous Physical Activity	36.5	29.1	39.9	36.2	29.6	33.9	30.0
% Moderate Physical Activity	29.8	36.9	27.5	30.4	35.1	31.8	30.0
% Received Advice on Exercise in Past Year	47.2	43.1	48.9	47.0		42.0	

Note: Each sub-area is compared against all others combined.

-blank- no data; favorable; unfavorable; similar

Physical Health

	Each Sub-Area vs. Others			Frederick County vs. Benchmarks		
	Central Frederick Co.	Northern Frederick Co.	Southern Frederick Co.	Frederick County	vs. MD	vs. US	vs. HP2010
% "Fair/Poor" Physical Health	11.2	6.9	7.4	9.0	11.9	18.6	

Note: Each sub-area is compared against all others combined.

-blank- no data; favorable; unfavorable; similar

Respiratory Disease

	Each Sub-Area vs. Others			Frederick County vs. Benchmarks		
	Central Frederick Co.	Northern Frederick Co.	Southern Frederick Co.	Frederick County	vs. MD	vs. US	vs. HP2010
CLRD (Age-Adjusted Death Rate)				43.3	38.1	42.6	
Pneumonia/Influenza (Age-Adjusted Death Rate)				17.2	22.1	21.5	
% Nasal/Hay Fever Allergies	30.3	35.2	38.5	34.1		32.3	
% Chronic Lung Disease	5.4	2.7	5.1	4.8		8.6	
% Asthma	15.0	10.8	13.5	13.6	13.1	10.4	
% Child Has Asthma	8.7	16.1	10.1	10.7		11.1	
% Prevalence of Nasal/Hay Fever Among Children	17.9	24.7	19.7	19.9			
% Prevalence of Other Allergies Among Children	16.3	22.4	11.9	15.9			

Note: Each sub-area is compared against all others combined.

-blank- no data; favorable; unfavorable; similar

Sexually Transmitted Diseases

	Each Sub-Area vs. Others			Frederick County vs. Benchmarks			
	Central Frederick Co.	Northern Frederick Co.	Southern Frederick Co.	Frederick County	vs. MD	vs. US	vs. HP2010
Gonorrhea Incidence/100,000				34.4	135.2	115.1	19.0
Primary & Secondary Syphilis Incidence/100,000				0.7	5.9	2.7	0.2
Chlamydia Incidence/100,000				167.0	358.4	318.8	
Acute Hepatitis B Incidence/100,000				0.3	2.8	2.2	
% "Always" Use a Condom (18-64)	18.3	6.9	14.5	14.8			

Note: Each sub-area is compared against all others combined.

-blank- no data; favorable; unfavorable; similar

Substance Abuse

Substance Abuse	Each Sub-Area vs. Others: Central Frederick Co.	Northern Frederick Co.	Southern Frederick Co.	Frederick County	Frederick County vs. Benchmarks: vs. MD	vs. US	vs. HP2010
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)				6.2 *	7.8	9.3	3.0
% Current Driver	59.5	57.3	64.9	60.9	57.9	58.0	
% Chronic Drinker	5.0	6.7	6.9	6.0	4.1	5.3	
% Binge Drinker	16.7	15.4	16.5	16.4	11.9	16.3	6.0
% Drinking & Driving in Past Month	3.7	3.6	3.1	3.5		2.6	
% Driving Drunk or Riding with Drunk Driver	5.1	4.7	5.2	5.1		5.2	
% Illicit Drug Use in Past Month	2.0	0.5	2.6	1.9		2.5	2.0
% Sought Help for Alcohol or Drug Problem	4.7	1.7	0.6	2.7		3.3	

Note: Each sub-area is compared against all others combined.

-blank- no data; favorable; unfavorable; similar

* *Note that this rate is not deemed reliable.*

Tobacco Use

Tobacco Use	Each Sub-Area vs. Others: Central Frederick Co.	Northern Frederick Co.	Southern Frederick Co.	Frederick County	Frederick County vs. Benchmarks: vs. MD	vs. US	vs. HP2010
% Current Smoker	18.3	28.1	12.3	18.2	15.1	22.2	12.0
% Received Advice to Quit Smoking (Smokers)	64.5	71.0	54.1	64.2		66.2	
% Have Quit Smoking 1+ Days in Past Year (Smokers)	63.5	56.8	54.8	59.2	54.5	57.9	75.0
% Someone Smokes at Home	10.3	13.1	7.6	10.0		19.0	
% Children <18 Exposed to Smoke at Home	5.5	14.2	5.8	7.4		20.4	
% Use Smokeless Tobacco	4.7	3.8	2.5	3.8		4.5	0.4

Note: Each sub-area is compared against all others combined.

-blank- no data; favorable; unfavorable; similar

Vision & Hearing

Vision & Hearing	Each Sub-Area vs. Others: Central Frederick Co.	Northern Frederick Co.	Southern Frederick Co.	Frederick County	Frederick County vs. Benchmarks: vs. MD	vs. US	vs. HP2010
% Blindness/Trouble Seeing	6.4	6.4	8.5	7.1		8.1	
% Deafness/Trouble Hearing	8.4	6.4	6.4	7.3		9.5	
% Prevalence of Hearing Problems Among Children	6.7	1.1	0.0	3.1			
% Prevalence of Speech/Language Problems/Children	10.2	14.8	9.9	11.0			

Note: Each sub-area is compared against all others combined.

-blank- no data; favorable; unfavorable; similar

PHYSICAL HEALTH STATUS

Self-Reported Health Status

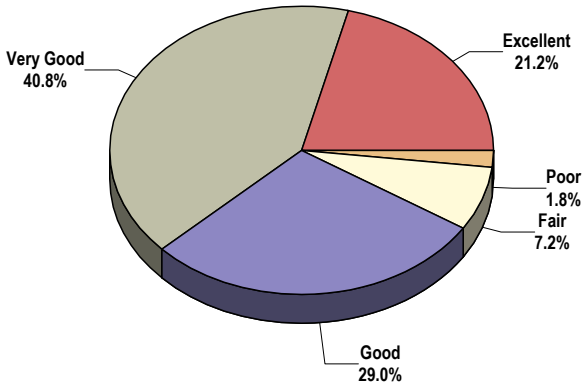
The initial inquiry of the 2007 PRC Community Health Survey asked respondents the following: "*Would you say that in general your health is: excellent, very good, good, fair or poor?*"

A majority of Frederick County adults (62.0%) rate their overall physical health as "excellent" or "very good."

- Another 29.0% of survey respondents gave "good" ratings of their overall health.

Self-Reported Health Status

(Frederick County, 2007)

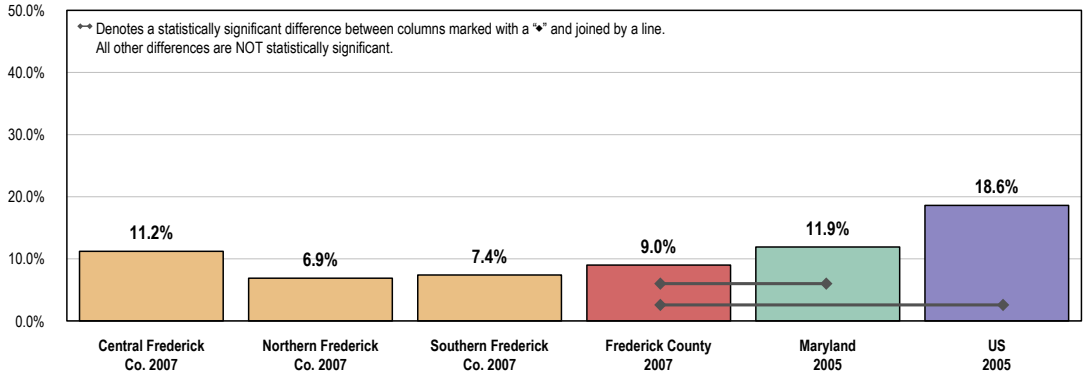


Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 7]
Note: • Asked of all respondents.

In contrast, 9.0% of adults believe that their overall health is "fair" or "poor."

- More favorable than Maryland findings (11.9% "fair/poor").
- More favorable than the national percentage (18.6% "fair/poor").
- While responses *appear* higher in Central Frederick County, the differences among sub-county areas are not found to be statistically significant (thus, these columns are not marked with a "♦" in the following chart).

Experience "Fair" or "Poor" Overall Health



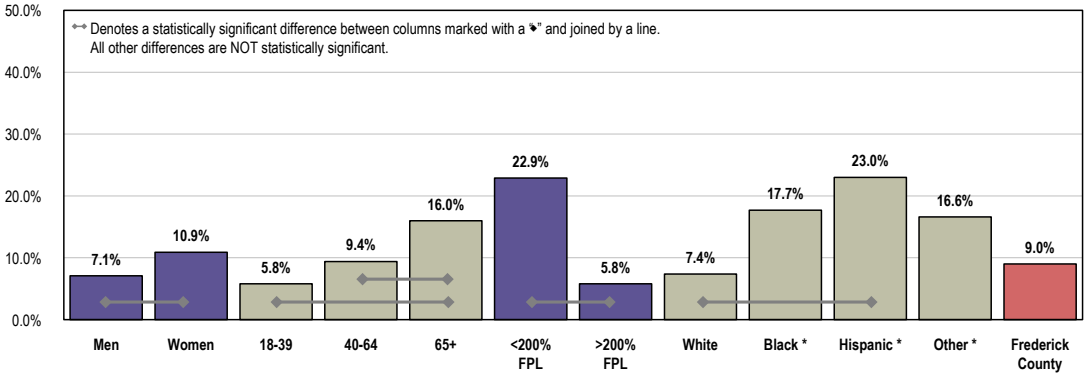
Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 7]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Maryland data.
• 2005 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.
• If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

The following chart further examines self-reported health status by various demographic characteristics. Frederick County adults more likely (by a statistically significant degree) to report experiencing "fair" or "poor" overall health include:

- Women.
- Adults aged 65 and older.
- Those living on less than twice the federal poverty level (a "fair/poor" response nearly four times that found among adults with incomes over 200% of poverty).
- Hispanic respondents (as compared to White respondents).

Experience "Fair" or "Poor" Overall Health

(Frederick County, 2007)



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 7]

Note: • Asked of all respondents.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White, Black, and Other are non-Hispanic race categorizations.
* **Please use caution when interpreting results among Black, Hispanic and Other race samples; each of these is based on fewer than 50 respondents.** If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

MENTAL HEALTH & MENTAL DISORDERS

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society. *Mental disorders* are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof), which are associated with distress and/or impaired functioning and spawn a host of human problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders.

Mental disorders generate an immense public health burden of disability. The World Health Organization, in collaboration with the World Bank and Harvard University, has determined that the impact of mental illness on overall health and productivity in the United States and throughout the world often is profoundly underrecognized [*Global Burden of Disease* study]. In established market economies such as the United States, mental illness is on a par with heart disease and cancer as a cause of disability. Suicide—a major public health problem in the U.S.—occurs most frequently as a consequence of a mental disorder.

Mental disorders occur across the lifespan, affecting persons of all racial and ethnic groups, both genders, and all educational and socioeconomic groups.

- Modern treatments for mental disorders are highly effective, with a variety of treatment options available for most disorders [however], the majority of persons with mental disorders do not receive mental health services.

The co-occurrence of addictive disorders among persons with mental disorders is gaining increasing attention from mental health professionals. Having both mental and addictive disorders is a particularly significant clinical treatment issue, complicating treatment for each disorder.

- There is increasing awareness and concern in the public health sector regarding the impact of stress, its prevention and treatment, and the need for enhanced coping skills.
- Evidence that mental disorders are legitimate and highly responsive to appropriate treatment promises to be a potent antidote to stigma. Stigma creates barriers to providing and receiving competent and effective mental health treatment and can lead to inappropriate treatment, unemployment, and homelessness.

As the life expectancy of individuals continues to grow longer, the sheer number—although not necessarily the proportion—of persons experiencing mental disorders of late life will expand. This trend will present society with unprecedented challenges in organizing, financing, and delivering effective preventive and treatment services for mental health.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

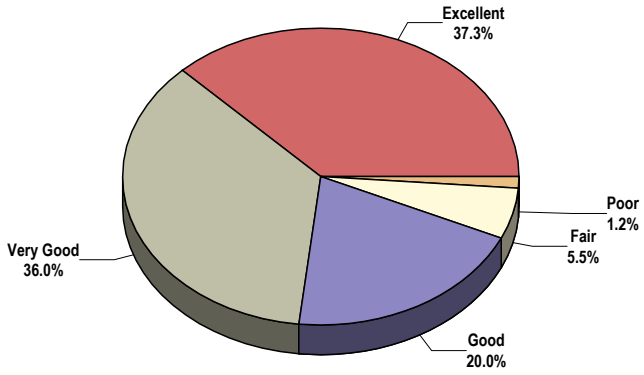
Self-Reported Mental Health Status

More than 7 in 10 Frederick County adults (73.3%) rate their overall mental health as "excellent" or "very good."

- Another 20.0% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status

(Frederick County, 2007)

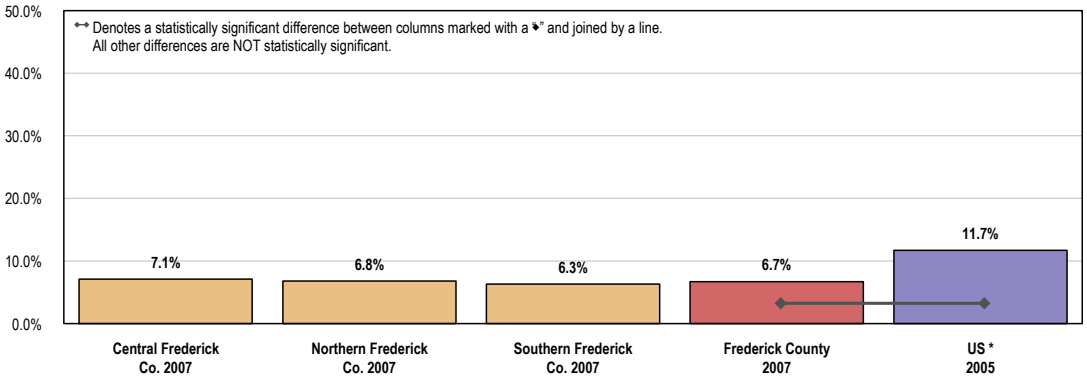


Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 108]
Note: • Asked of all respondents.

However, 6.7% of adults believe that their overall mental health is "fair" or "poor."

- Lower than the 11.7% "fair/poor" reported across the nation.
  - *Note that the Frederick County survey described mental health in this question as including "stress, anxiety, depression, and problems with emotions," whereas the national survey question did not include the term "anxiety" in its description.*
- Comparable among the sub-county areas.

Experience "Fair" or "Poor" Mental Health



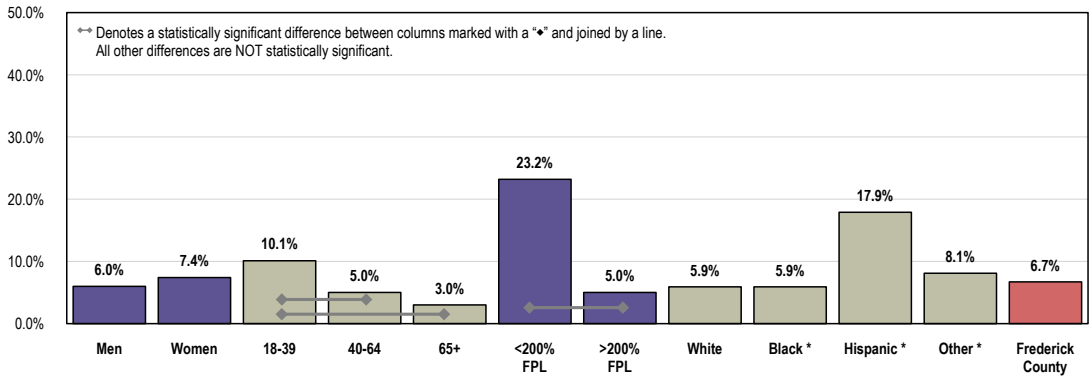
Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 108]
• 2005 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.
* Note that the following question was asked in Frederick County: "Now thinking about your mental health, which includes stress, anxiety, depression and problems with emotions, would you say that, in general, your mental health is: Excellent, Very Good, Good, Fair or Poor?" The US survey question wording was identical except that it did not reference "anxiety."
• If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Adults more likely to report experiencing "fair" or "poor" mental health include:

- Adults under 40 years of age.
- Those living in the lower income segment.

Experience "Fair" or "Poor" Mental Health

(Frederick County, 2007)



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 108]

Note:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
- White, Black, and Other are non-Hispanic race categorizations.
- * **Please use caution when interpreting results among Black, Hispanic and Other race samples; each of these is based on fewer than 50 respondents.** If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Depression

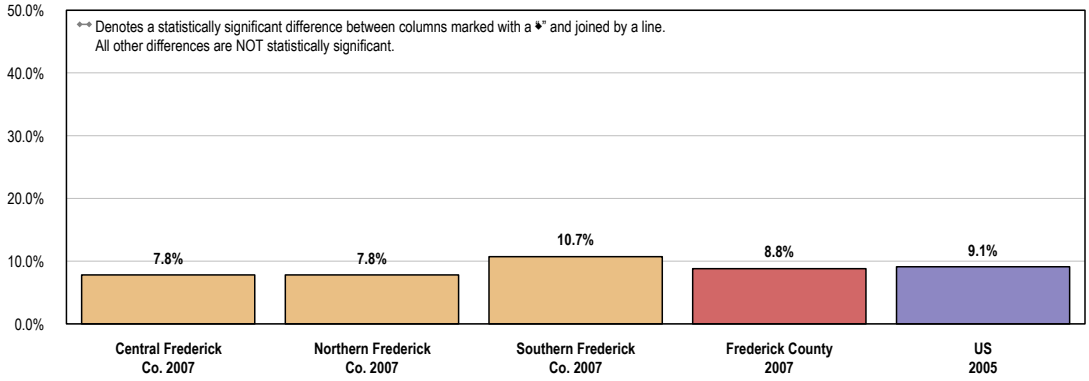
Depression is a serious illness affecting many in the population, whether occasionally or, in many cases, for prolonged periods of time.

Major Depression

Across Frederick County, 8.8% of adults report that they have been diagnosed with major depression by a physician at some point in their lives.

- Statistically similar to national findings (9.1%).
- Similar by area.
- Representative of more than 15,400 Frederick County adults.

Prevalence of Major Depression



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 39]
- 2005 PRC National Health Survey, Professional Research Consultants.

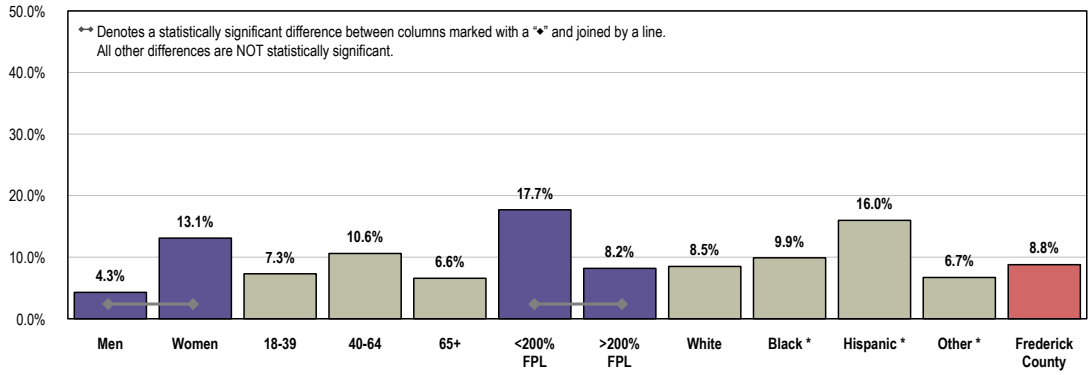
Note:
- Asked of all respondents.
- In this case, the term "major depression" refers to self-reported major depression as diagnosed by a physician.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

By key demographic characteristics, note the following findings:

- Women report a higher prevalence of major depression than do men.
- Note the negative correlation between income and depression.

Prevalence of Major Depression

(Frederick County, 2007)



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 39]

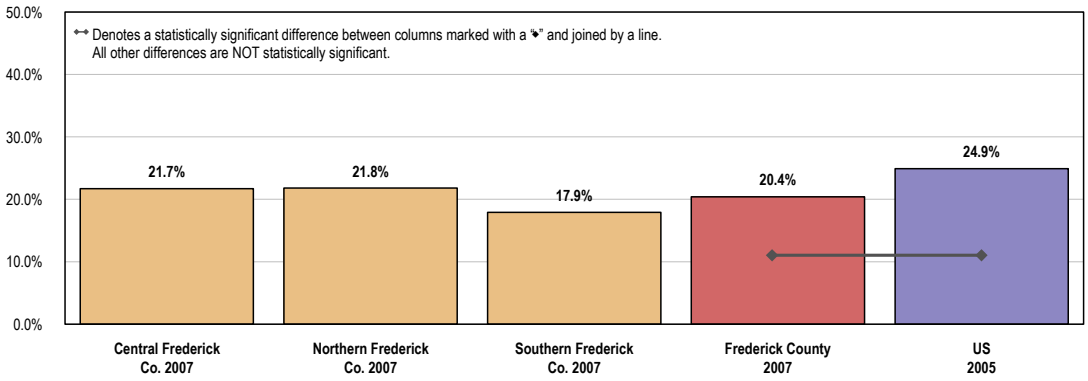
Note:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
- White, Black, and Other are non-Hispanic race categorizations.
- In this case, the term "major depression" refers to self-reported major depression as diagnosed by a physician.
- * **Please use caution when interpreting results among Black, Hispanic and Other race samples; each of these is based on fewer than 50 respondents.**
  If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Chronic Depression

One in five Frederick County adults (20.4%) reports that they have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes.

- More favorable than national findings (24.9%).
- Among the areas, the percentages are statistically similar.

Have Experienced Symptoms of Chronic Depression



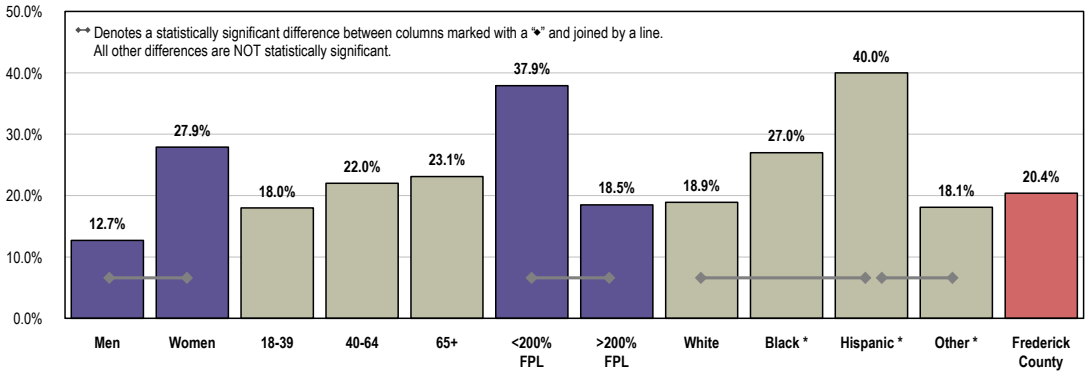
Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 109]
• 2005 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.
• In this case, the term "chronic depression" refers to periods of self-reported depression lasting two years or longer.
• If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

The following chart illustrates differences found among key demographic groups. Note that self-reported prevalence of chronic depression is notably higher among:

- Women.
- Adults living at lower incomes (below 200% of the Federal Poverty Level).
- Hispanics (as compared to Whites and respondents of "Other" races).

Have Experienced Symptoms of Chronic Depression

(Frederick County, 2007)



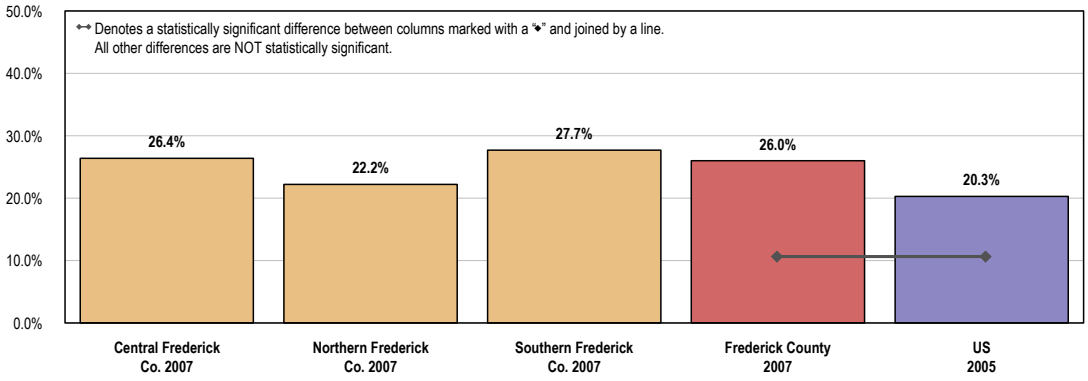
Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 109]
Note: • Asked of all respondents.
• FPL = Federal Poverty Level, based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White, Black, and Other are non-Hispanic race categorizations.
• In this case, the term "chronic depression" refers to periods of self-reported depression lasting two years or longer.
* **Please use caution when interpreting results among Black, Hispanic and Other race samples; each of these is based on fewer than 50 respondents.**
If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Mental Health Treatment

Among Frederick County respondents, 26.0% acknowledge that they have sought professional help for a mental or emotional problem.

- Higher than national findings (20.3%).
- Statistically comparable by area.

Have Sought Professional Help For a Mental or Emotional Problem

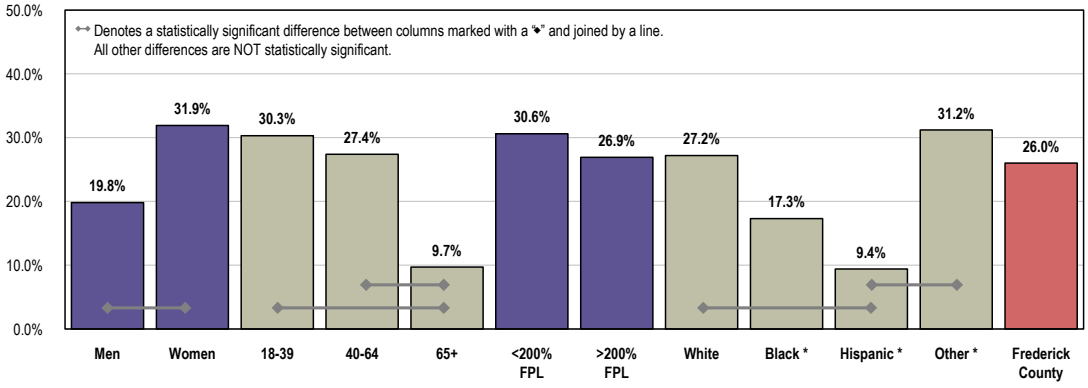


Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 111]
• 2005 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.
• If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Adults *less* likely to have sought professional help for a mental issue include men, adults aged 65 and older, and Hispanics (as compared to White and "Other" race respondents).

Have Sought Professional Help For a Mental or Emotional Problem

(Frederick County, 2007)



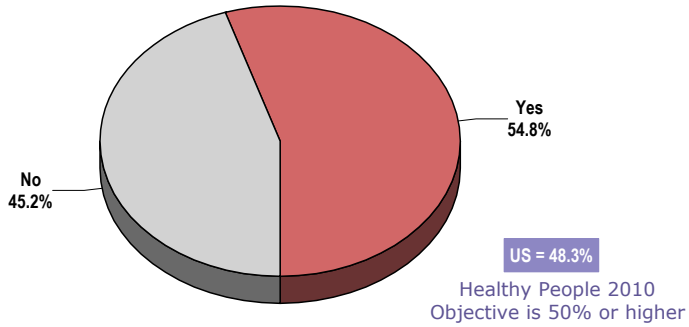
Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 111]
Note: • Asked of all respondents.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White, Black, and Other are non-Hispanic race categorizations.
* **Please use caution when interpreting results among Black, Hispanic and Other race samples; each of these is based on fewer than 50 respondents.** If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Among Frederick County respondents with recognized depression (self-reporting either a depression diagnosis or symptoms of chronic depression), 54.8% acknowledge that they have sought professional help for a mental or emotional problem.

- Comparable to national findings (48.3%).
- Comparable to the Healthy People 2010 objective of 50% or higher among adults with recognized depression.
- Higher (67.0%) among adults with depression in Southern Frederick County (not shown).

Have Sought Professional Help For a Mental or Emotional Problem

(Among Respondents With Recognized Depression; Frederick County, 2007)



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 176]
- 2005 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 18-9b]

Note:
- Reflects respondents who have been diagnosed with major depression or who have experienced two or more years of depression at some point in their lives.

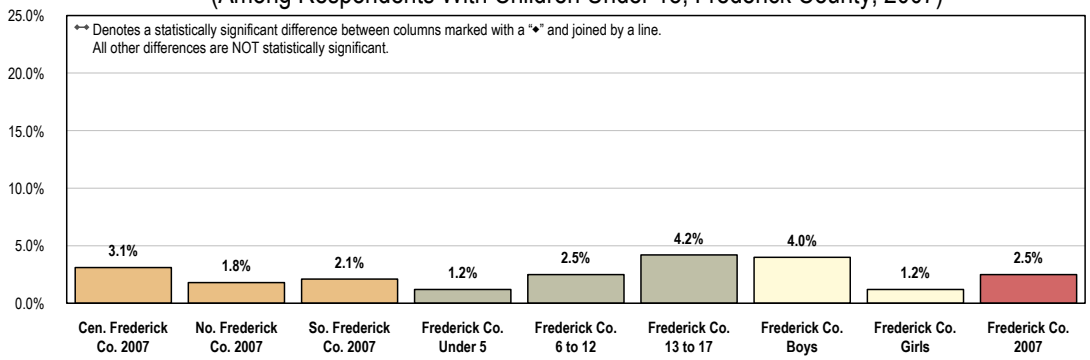
Mental Disorders Among Children

Among Frederick County respondents with children under 18 at home, 2.5% indicate that their child has a mental disorder diagnosed by a physician.

- No significant difference by area.
- No significant difference by gender.
- Note that the increase with age is not statistically significant.

Prevalence of Mental Disorders Among Children

(Among Respondents With Children Under 18; Frederick County, 2007)



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 135]
Note: • Asked of those respondents with children under 18.
• If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

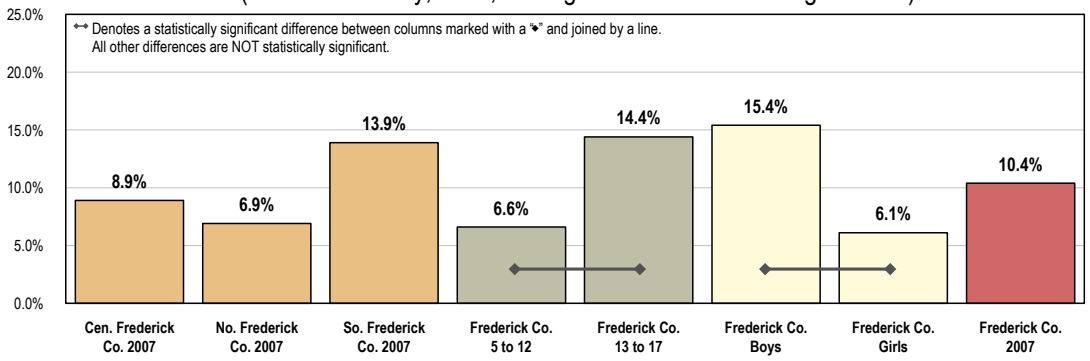
Children & ADHD

A total of 10.4% of Frederick County school-aged children have been diagnosed with attention-deficit hyperactivity disorder (ADHD) by a physician.

- Similar by area.
- Higher among teens when compared to children under age 13.
- Higher among Frederick County boys (15.4%) than girls (6.1%).

Prevalence of ADHD Among Children Aged 6-17

(Frederick County, 2007; Among Parents of Children Age 6 to 17)



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 128]
• 2005 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents with children aged 6 through 17 at home.
• "ADHD" refers to "Attention-Deficit/Hyperactivity Disorder" diagnosed by a doctor.
• If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Related Focus Group Findings

Mental health services for youth are widely considered to be unavailable in Frederick County.

> *I'm working in the school system, not physical healthcare but mental health. If a child needs immediate attention for mental health, it's almost impossible to get them any kind of care.* *Social Services Provider*
>
> *And in Frederick County the services for youth, psychiatric services for youth, there are very few providers.* *Political & Community Leader*
>
> *There is a huge shortage of child psychiatrists. Even for people who can pay.* *Allied Health*

Stress

More than one-third of Frederick County adults say their level of stress on a typical day is "not very stressful" (26.0%) or "not at all stressful" (12.6%).

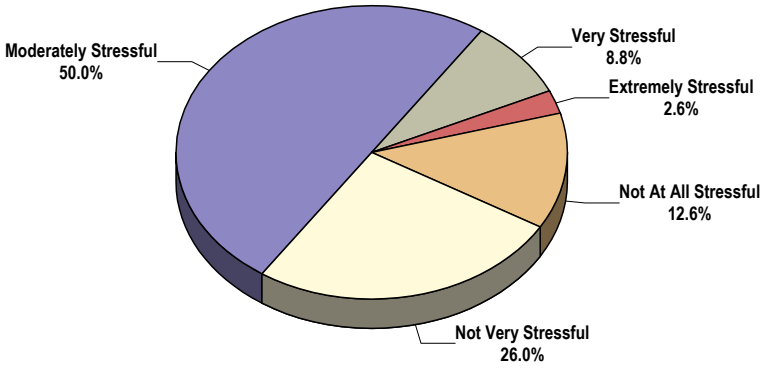
- Another one-half (50.0%) report "moderately stressful" typical days.

In contrast, 11.4% say their typical day is "extremely" or "very" stressful.

- Less favorable than the national average (8.5%).
- Similar by area.

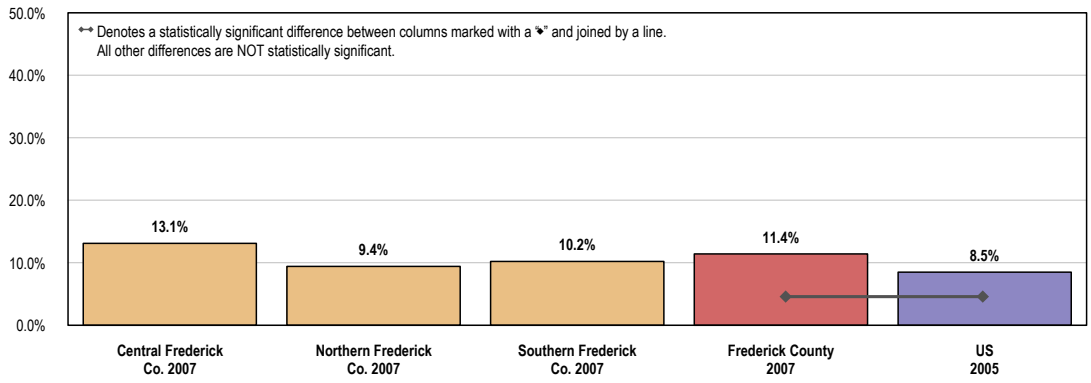
Perceived Level of Stress on a Most Days

(Frederick County, 2007)



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 110]
Note: • Asked of all respondents.

Perceive Most Days as "Extremely" or "Very" Stressful

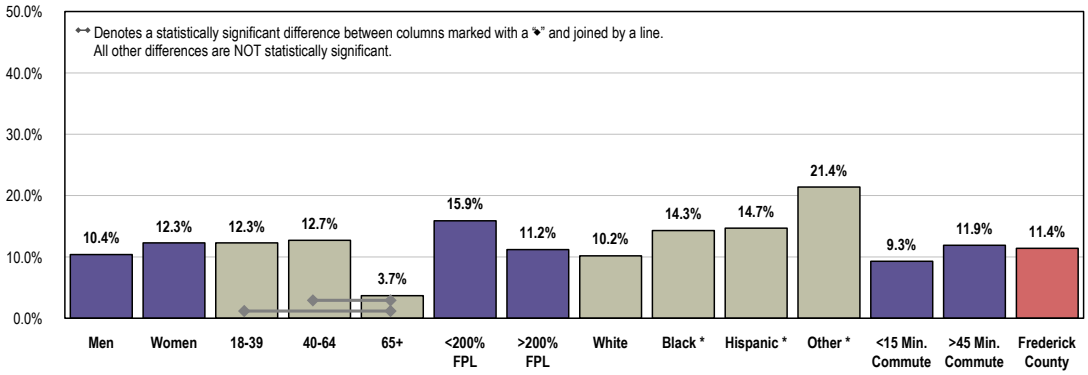


Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 110]
• 2005 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.
• If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

- Adults over age 65 are less likely to perceive their days to be "extremely/very stressful."
- Note that commute times do not appear to significantly impact daily stress levels.

Perceive Most Days as "Extremely" or "Very" Stressful

(Frederick County, 2007)



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 110]
- 2005 PRC National Health Survey, Professional Research Consultants.

Note:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
- White, Black, and Other are non-Hispanic race categorizations.
- Percentages represent combined "extremely stressful" and "very stressful" responses.
- * **Please use caution when interpreting results among Black, Hispanic and Other race samples; each of these is based on fewer than 50 respondents.** If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

(Related Issue: see also "Substance Abuse.")

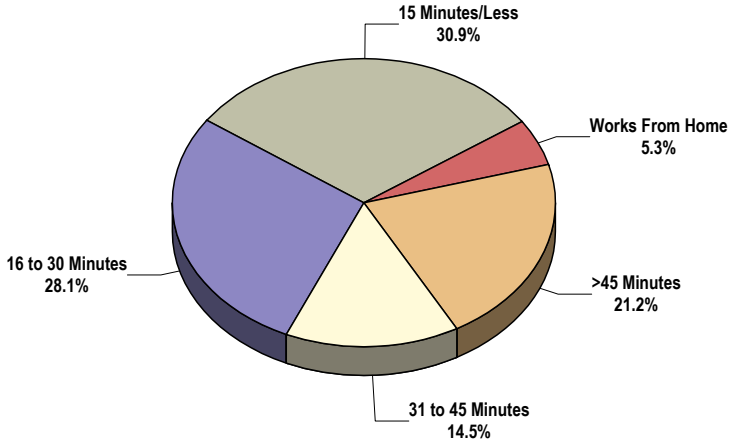
Daily Commute

Among employed adults in Frederick County, 21.2% spend more than 45 minutes each way on their commute to work.

- In contrast, 30.9% spend 15 minutes or less on their commute, and 5.3% work from home.

Average Daily One-Way Commute

(Among Employed Adults; Frederick County, 2007)

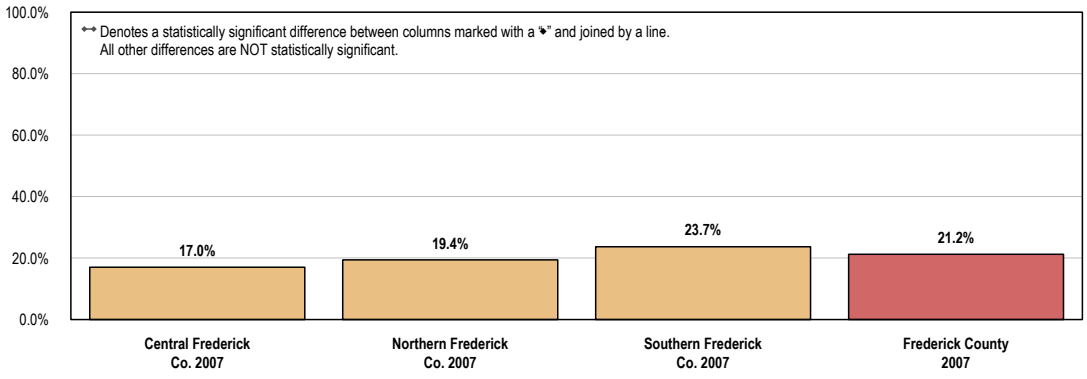


Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 81]
Note: • Asked of respondents who are employed for wages.

- Among county areas, the percentages of long commute times do not vary to a statistically significant degree.

Average Daily One-Way Commute Is More Than 45 Minutes

(Employed Adults; Frederick County, 2007)



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 81]
Note: • Asked of all employed respondents.
• If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Related Focus Group Findings

Mental health dominated much of the focus group discussions. Physicians spent a good amount of time comparing notes on how to get around reimbursement codes as they relate to mental health issues. The uninsured population in Frederick County is of particular concern to focus group participants; lack of treatment for the under-insured or uninsured is perceived as a major problem. Navigating a difficult treatment system was noted as being particularly hard for the mentally ill population.

> *Because people are commuting so far and spending so much time and not engaging in healthy physical behaviors, it affects their mental health.* Political & Community Leader
>
> *Another thing is that if you're underinsured it's not likely that you'll have the option of going to see a mental health service provider.* Political & Community Leader
>
> *We can't submit a 'mental health' code because we won't be reimbursed for it, so we do everything but. We'll do 'fatigue,' we'll do 'stress,' but we won't code a submission for reimbursement as 'mental health.'* Physician
>
> *There are incredibly few good psychiatrists who take insurance.* Physician
>
> *Part of the problem we have with preventive mental health is that there isn't any integrated system of care there, and no easy way to access care.* Physician
>
> *Education. The more educated you are, the more informed you are about the mental health concerns or that it's okay to go and see a counselor or a therapist.* Political & Community Leader
>
> *Our systems aren't helpful to those who have mental health issues or just have limited resources because if I'm at-risk and stressed and need help right now, and I call in and get the litany of services over the phone, it is so hard to navigate. So navigating the system is a big part of the access issue.* Allied Health
>
> *Oh yeah, the co-pay is outrageous. Dental care and mental health care are really expensive.* Political & Community Leader
>
> *In Frederick County the mental health services are just more scattered and diffuse and so you do have to know where to go for care.* Political & Community Leader
>
> *Latinos don't have the experience of going to a therapist. People in Latin America go to a state hospital when they're 'crazy,' so the stigma that we Americans associate with mental health is that much greater among the Hispanic population.* Allied Health
>
> *The 211 system is a wonderful resource; we just need people to know that it's out there. It's through the Mental Health Foundation and it's a database.* Allied Health

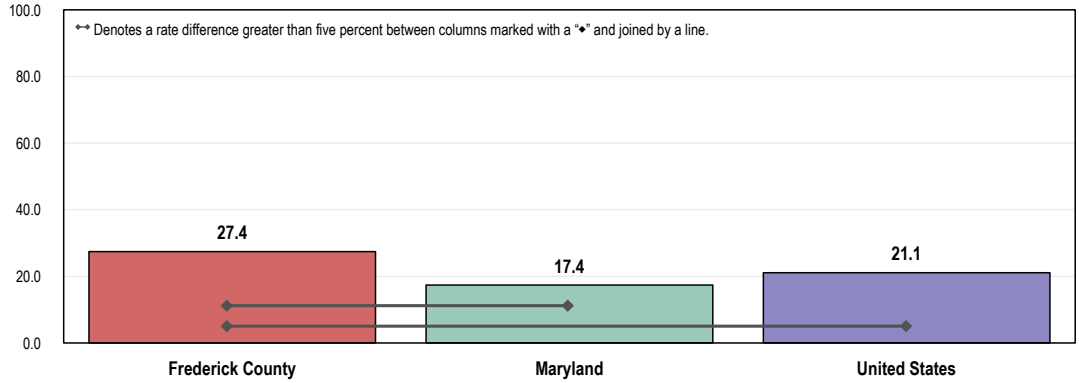
Alzheimer's Disease

Between 2002 and 2004 in Frederick County, the age-adjusted mortality rate due to Alzheimer's disease was 27.4 deaths per 100,000 population.

- Less favorable than the 17.4 rate reported across Maryland.
- Less favorable than the 21.1 rate reported nationwide.

Age-Adjusted Mortality: Alzheimer's Disease

(2002-2004 Annual Average Deaths per 100,000 Population)

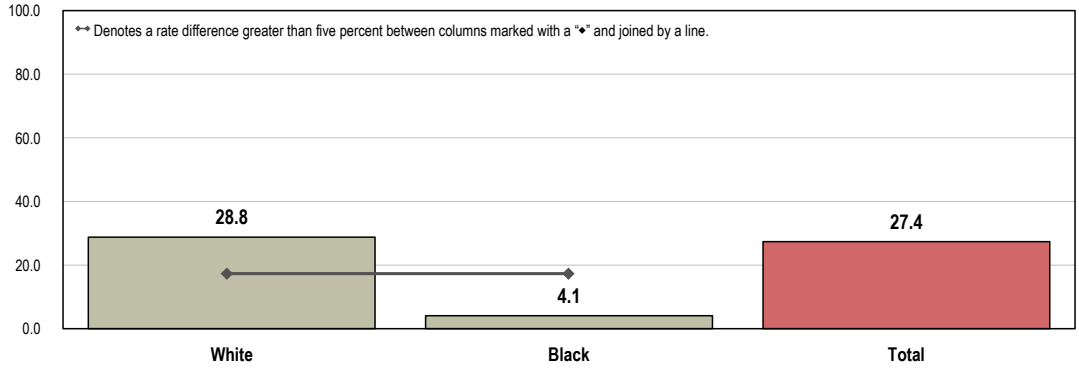


Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office,Division of Public Health Surveillance and Informatics. Data extracted August 2007.
Note: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Viewed by race, the age-adjusted Alzheimer's disease death rate among Whites in Frederick County (28.8 per 100,000) is more than seven times the rate among Blacks (4.1/100,000).

Age-Adjusted Mortality: Alzheimer's Disease

(2002-2004 Annual Average Deaths per 100,000 Population; Frederick County by Race)

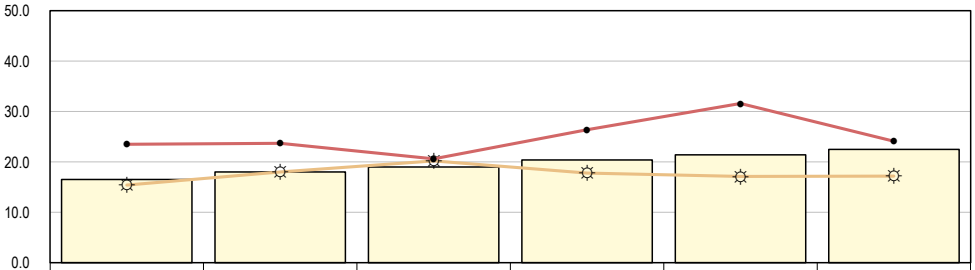


Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office,Division of Public Health Surveillance and Informatics. Data extracted August 2007.
Note: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

- Age-adjusted Alzheimer's disease mortality rates ranged from 20.6 to 31.6 (per 100,000 population) in recent years across Frederick County.
- Nationally, an increasing trend is apparent.

Age-Adjusted Mortality: Alzheimer's Disease

(Annual Average Deaths per 100,000 Population)



	1999	2000	2001	2002	2003	2004
Frederick County	23.5	23.7	20.6	26.4	31.6	24.1
Maryland	15.4	18.0	20.2	17.8	17.1	17.2
United States	16.5	18.0	19.0	20.4	21.4	22.5

Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2007.
Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Related Focus Group Findings

The aging population in Frederick County was of concern to many focus group participants. Factors such as cultural barriers, isolation, and lack of physicians specializing in geriatrics were consistent themes.

> *I worry about our aging population. I think that there are a lot of senior adults who are becoming physically or mentally fragile, who become isolated very quickly.* Political & Community Leader
>
> *Primary care docs don't want to take on the elderly patient when they could see four or five well patients for the same amount of time. They are much more complicated cases, especially with Alzheimer's. Plus medication compliance, things like that.* *Allied Health*
>
> *The Hispanic population doesn't want to air their dirty laundry, preferring to keep it within the family, especially with dementia.* *Allied Health*
>
> *There is a serious need for geriatricians in this area. There are no docs who want to serve that population.* *Allied Health*
>
> *Preventative healthcare in general is a low priority for the senior population.* *Political & Community Leader*
>
> *There are a few programs available for persons who are uninsured and are on Depends. But insurance companies don't take care of that stuff and we have a lot of citizens in our area that can't afford to go out and buy Depends and buy Ensure, but yet they need them. And so some kind of outreach or service for that area would be great.* *Political & Community Leader*
>
> *We get a lot of senior citizens and we're finding that more and more of them have no immediate family in the area. And 10 years ago this was kind of unusual when you would ask questions about their family.* *Political & Community Leader*
>
> *Frederick County does have a couple people who do exercise with the elderly, some geriatric things, and none of that is being reimbursed by healthcare companies whatsoever.* *Physician*
>
> *We need caregiving for people with dementia and caregiving for the elderly.* *Allied Health*
>
> *A priority should be the elderly being able to afford home care, elderly day-care, and forget assisted living! They just have a hard time finding services that they can afford.* *Allied Health*

LEADING CAUSES OF DEATH

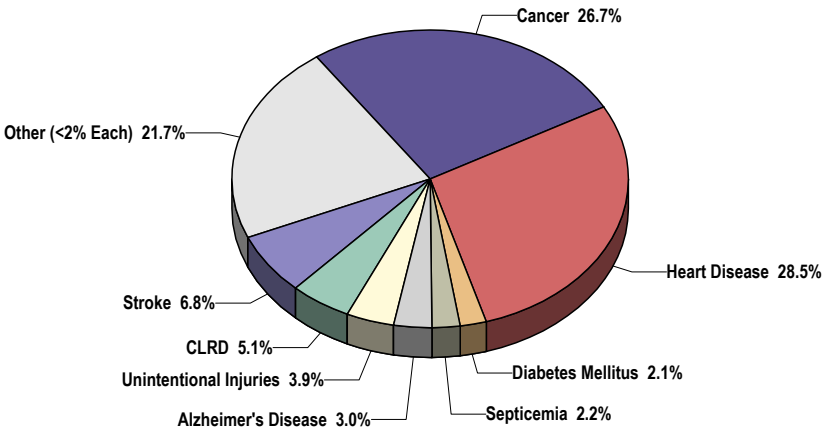
Leading Causes of Death

Together, heart disease (28.5%) and cancers (26.7%) account for more than one-half of all deaths in Frederick County (2004 data).

- Other leading causes of death include **stroke** (6.8% of total deaths), **chronic lower respiratory disease or CLRD** (5.1%), **unintentional injuries** (3.9%), and **Alzheimer's disease** (3.0%).

Leading Causes of Death

(Frederick County, 2004)



Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2007.

Note: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Age-Adjusted Death Rates for All Causes

In order to compare mortality in Frederick County with other localities (in this case, Maryland and the United States), it is necessary to look at *rates* of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

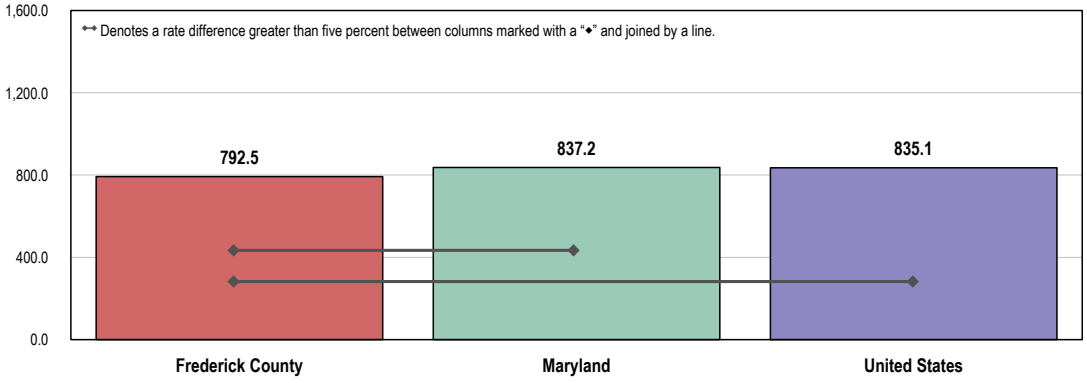
Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these "age-adjusted" rates provides the most valuable means of gauging mortality against benchmark data, as well as *Healthy People 2010* targets.

In Frederick County, the 2002-2004 annual average age-adjusted death rate (for all causes) was 792.5 deaths per 100,000 population.

- Lower than the Maryland mortality rate for all causes (837.2).
- Lower than the United States mortality rate for all causes (835.1).

Age-Adjusted Mortality: All Causes

(2002-2004 Annual Average Deaths per 100,000 Population)

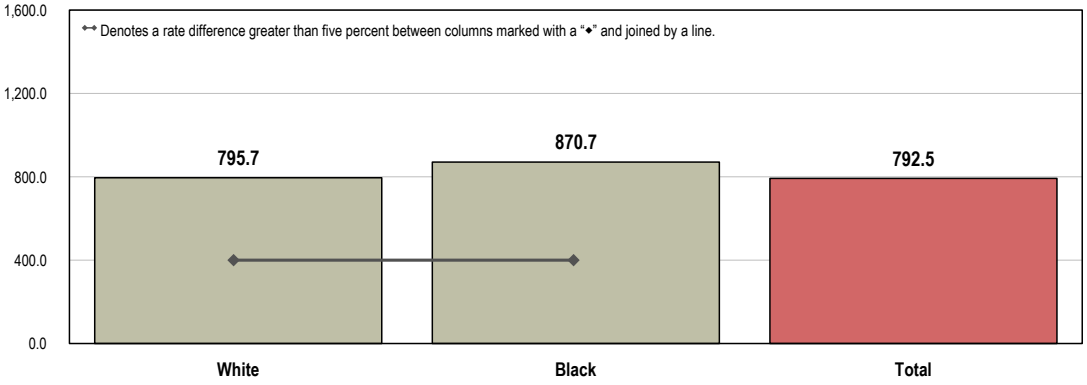


Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2007.
Note: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Viewed by race, age-adjusted mortality in Frederick County is higher among Blacks (870.7) when compared to Whites (795.7).

Age-Adjusted Mortality: All Causes

(2002-2004 Annual Average Deaths per 100,000 Population; Frederick County by Race)

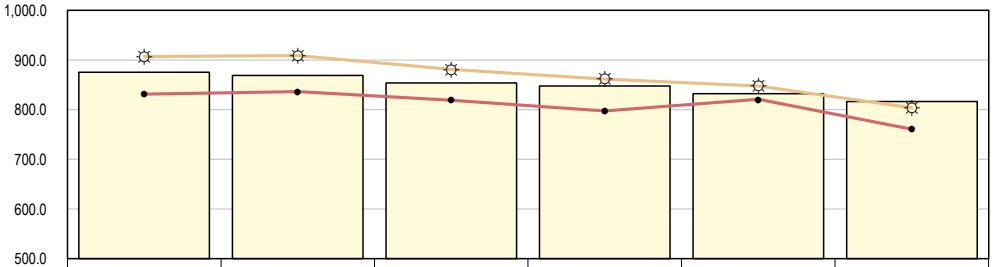


Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2007.
Note: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

- Age-adjusted death rates (for all causes) have declined in recent years, mirroring trends seen across Maryland and the U.S. overall.

Age-Adjusted Mortality: All Causes

(Annual Average Deaths per 100,000 Population)



	1999	2000	2001	2002	2003	2004
Frederick County	831.3	836.3	819.1	797.5	820.9	760.7
Maryland	907.2	909.1	881.1	861.5	847.9	804.1
United States	875.7	869.0	853.9	847.6	832.3	816.5

Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office,Division of Public Health Surveillance and Informatics. Data extracted August 2007.
Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Age-Adjusted Death Rates for Selected Causes

The following chart outlines 2002-2004 annual average age-adjusted death rates per 100,000 population for selected causes of death in Frederick County. Note the following comparisons:

- Death rates were similar or better than Maryland and U.S. rates for many of the selected causes. However, Frederick County death rates compared unfavorably for Alzheimer's disease.
- Frederick County death rates failed to meet the available Healthy People 2010 objectives for all of the selected causes, with the exception of **homicide** (however, note the unreliability of the rate).

Age-Adjusted Death Rates for Selected Causes

(2002-2004 Annual Average Deaths per 100,000 Population)

	Frederick County	Maryland	United States	HP2010
Diseases of the Heart	235.2	227.7	233.1	213.7*
Malignant Neoplasms (Cancers)	191.9	194.6	191.1	159.9
Cerebrovascular Disease (Stroke)	59.6	53.5	53.2	48.0
Chronic Lower Respiratory Diseases	43.3	38.1	42.6	
Alzheimer's Disease	27.4	17.4	21.1	
Unintentional Injuries (Accidents)	25.7	25.8	37.2	17.5
Diabetes Mellitus	19.7	28.0	25.1	15.1*
Influenza/Pneumonia	17.2	22.1	21.5	
Motor Vehicle Accidents	12.0	12.8	15.4	9.2
Intentional Self-Harm (Suicide)	10.8	8.8	10.9	5.0
Liver Disease/Cirrhosis	6.2*	7.8	9.3	3.0
Homicide/Legal Intervention	2.3*	10.2	6.1	3.0
HIV	1.7*	10.5	4.7	0.7

Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2007.
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.
Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population and coded using ICD-10 codes.
• The Healthy People 2010 Heart Disease target is adjusted to account for all diseases of the heart; the Healthy People 2010 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.
• Rates with a * denote statistically unreliable numbers.

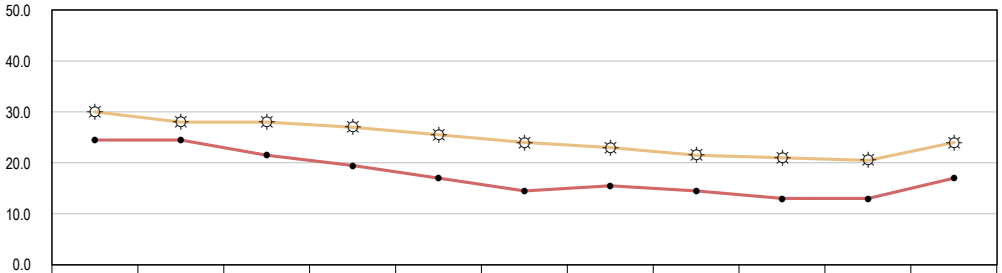
(For infant mortality data, see "Maternal, Infant & Child Health.")

Child Mortality

- Between 1993 and 2003, child mortality in Frederick County decreased from a rate of 24.5 deaths per 1,000 children (aged 1-14) to 17.0.
- Rates are higher across the state.

Child Death Rate

(Deaths per 1,000 Children Aged 1-14)



	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Frederick Co.	24.5	24.5	21.5	19.5	17.0	14.5	15.5	14.5	13.0	13.0	17.0
Maryland	30.0	28.0	28.0	27.0	25.5	24.0	23.0	21.5	21.0	20.5	24.0

Source:
- CLIKS: Community-Level Information on Kids. KIDS COUNT, a Project of the Annie E. Casey Foundation. 2007.
- Maryland Department of Health and Mental Hygiene
- Definitions: Child death rate is a population- based rate of the number of deaths resulting from all causes per 100,000 children 1-14.

Note:
- *Due to the small number of events at the county level, especially for the smaller counties, these rates are yielded through a multi-year analysis which combines 5 years of data to produce a more stable and more reliable rate. Please be aware when evaluating these data the data label may say 2002 but is actually and analysis of data from 1998-2002.

CARDIOVASCULAR DISEASE

Heart disease and stroke—the principal components of cardiovascular disease—are the first and third leading causes of death in the United States, accounting for more than 40% of all deaths.

- About 950,000 Americans die of heart disease or stroke each year, which amounts to one death every 33 seconds.
- Although heart disease and stroke are often thought to affect men and older people primarily, it is also a major killer of women and people in the prime of life. More than half of those who die of heart disease or stroke each year are women.
- Each year, about 63 of every 100,000 deaths are due to stroke.

Looking at only deaths due to heart disease or stroke, however, understates the health effects of these two conditions:

- About 61 million Americans (almost one-fourth of the population) live with the effects of stroke or heart disease.
- Heart disease is a leading cause of disability among working adults.
- Stroke alone accounts for the disability of more than 1 million Americans.
- Almost 6 million hospitalizations each year are due to heart disease or stroke.
- About 4.5 million stroke survivors are alive today.

The economic effects of heart disease and stroke on the U.S. healthcare system grow larger as the population ages. In 2001, for example, the [nationwide] cost for all cardiovascular diseases was $300 billion: for heart disease the cost was $105 billion; for stroke, $28 billion. Lost productivity due to stroke and heart disease cost more than $129 billion.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease

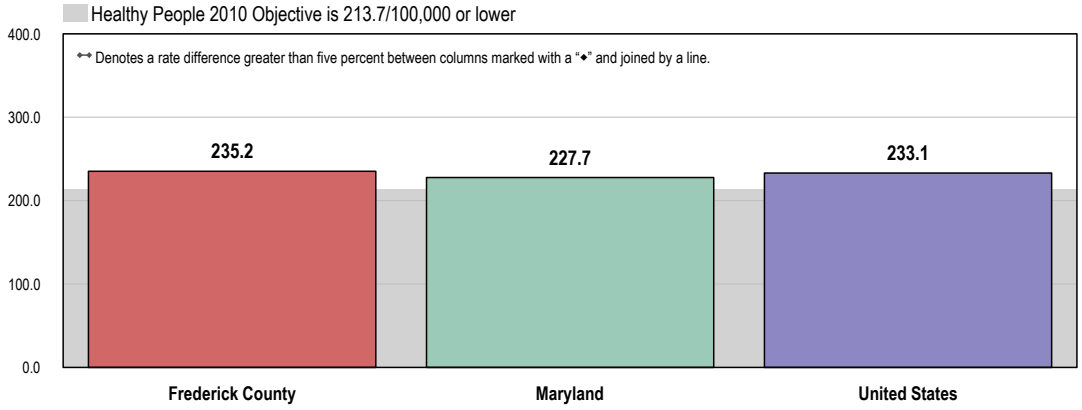
The greatest share of cardiovascular deaths is attributed to heart disease.

The Frederick County annual average age-adjusted heart disease death rate for 2002-2004 was 235.2 deaths per 100,000 population.

- Similar to the Maryland rate (227.7 deaths per 100,000 population).
- Similar to the U.S. rate (233.1).
- Fails to satisfy the adjusted Healthy People 2010 objective of 213.7 per 100,000 or lower.

Age-Adjusted Mortality: Heart Disease

(2002-2004 Annual Average Deaths per 100,000 Population)



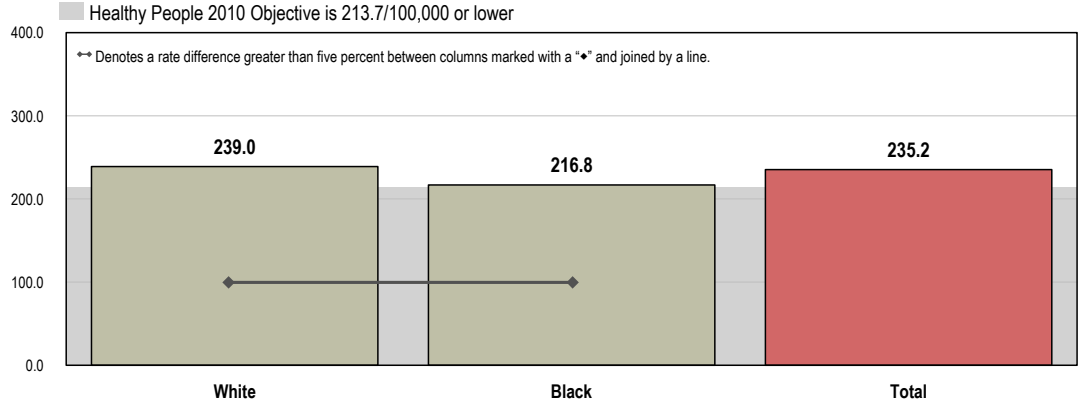
Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2007.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC:U.S. Government Printing Office, November 2000.

Note:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- The Healthy People 2010 Heart Disease target is adjusted to account for all diseases of the heart [Objective 12-1].

Viewed by race, heart disease mortality in Frederick County is higher among Whites (239.0/100,000) than among Blacks (216.8 per 100,000).

Age-Adjusted Mortality: Heart Disease

(2002-2004 Annual Average Deaths per 100,000 Population; Frederick County by Race)



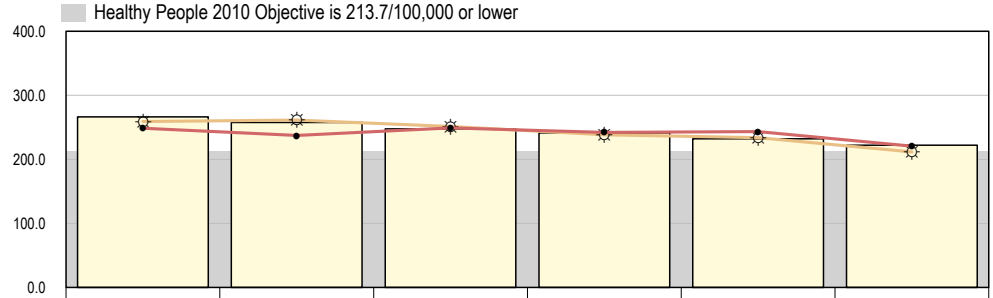
Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2007
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC:U.S. Government Printing Office, November 2000.

Note:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- The Healthy People 2010 Heart Disease target is adjusted to account for all diseases of the heart [Objective 12-1].

- Heart disease death rates have decreased steadily in recent years in Frederick County (despite a marginal increase in 2001); this downward trend is also evident across Maryland and the nation as a whole.

Age-Adjusted Mortality: Heart Disease

(Annual Average Deaths per 100,000 Population)



	1999	2000	2001	2002	2003	2004
Frederick County	248.6	237.4	249.2	242.2	243.4	220.7
Maryland	259.2	261.3	251.3	238.3	233.8	211.7
United States	266.4	257.6	247.6	241.5	232.2	222.2

Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office,Division of Public Health Surveillance and Informatics. Data extracted August 2007.
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC:U.S. Government Printing Office, November 2000.
Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• The Healthy People 2010 Heart Disease target is adjusted to account for all diseases of the heart [Objective 12-1].

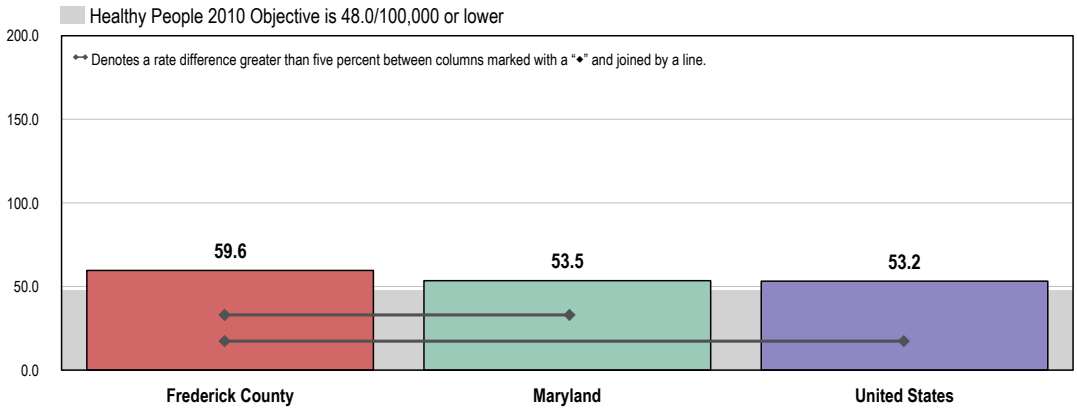
Stroke Deaths

The 2002-2004 Frederick County annual average age-adjusted death rate for stroke (cerebrovascular disease) was 59.6 deaths per 100,000 population.

- Less favorable than the statewide rate (53.5 deaths/100,000 population).
- Less favorable than the U.S. rate (53.2).
- Fails to satisfy the Healthy People 2010 objective of 48.0 or lower.

Age-Adjusted Mortality: Stroke

(2002-2004 Deaths per 100,000 Population)

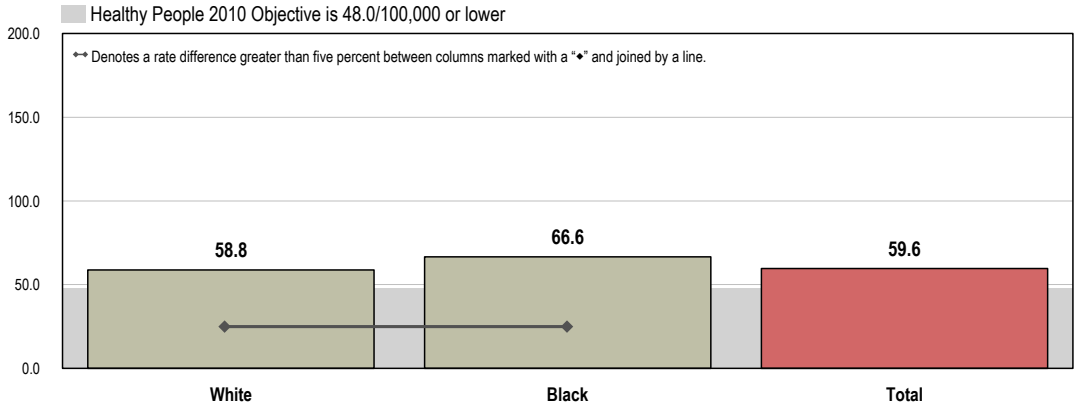


Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office,Division of Public Health Surveillance and Informatics. Data extracted August 2007.
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC:U.S. Government Printing Office, November 2000. [Objective 12-7]
Note: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Blacks in Frederick County experience a higher age-adjusted stroke mortality rate than Whites (66.6 vs. 58.8, respectively).

Age-Adjusted Mortality: Stroke

(2002-2004 Annual Average Deaths per 100,000 Population; Frederick County by Race)



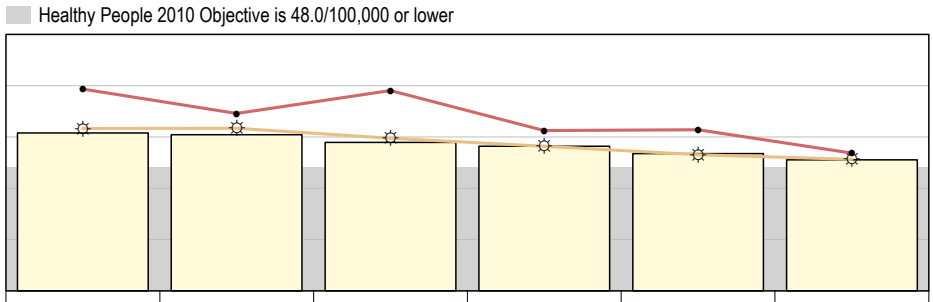
Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2007.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC:U.S. Government Printing Office, November 2000. [Objective 12-7]

Note:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Although increasing in 2001, area age-adjusted death rates for stroke (cerebrovascular disease) have otherwise followed a general decline over the past several years. Steady declines in stroke mortality are also seen across Maryland and the U.S. overall.

Age-Adjusted Mortality: Stroke

(Annual Average Deaths per 100,000 Population)



	1999	2000	2001	2002	2003	2004
Frederick County	78.7	69.2	78.1	62.5	62.8	53.7
Maryland	63.3	63.4	59.5	56.4	53.1	51.3
United States	61.6	60.9	57.9	56.4	53.5	51.1

Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office,Division of Public Health Surveillance and Informatics. Data extracted August 2007.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC:U.S. Government Printing Office, November 2000. [Objective 12-7]

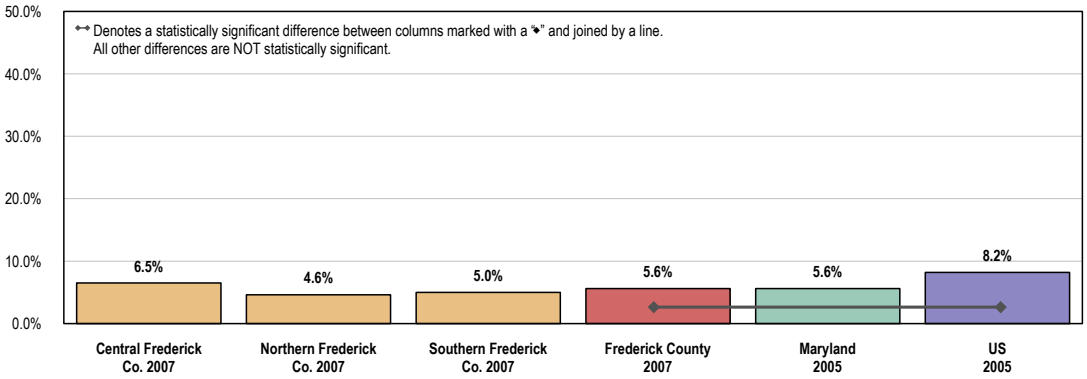
Note:
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Prevalence of Heart Disease

A total of 5.6% of surveyed Frederick County adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Identical to the Maryland percentage (5.6%).
- More favorable than the national percentage (8.2%).
- No significant differences are found among the three sub-county areas.

Self-Reported Prevalence of Chronic Heart Disease



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 34]
- 2005 PRC National Health Survey, Professional Research Consultants.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Maryland data.

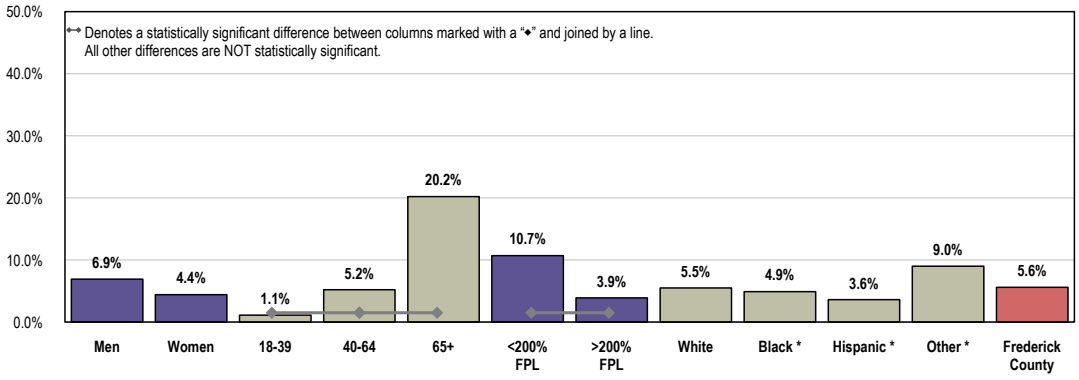
Note:
- Asked of all respondents.
- Respondents were asked if they have ever been diagnosed with chronic heart disease, including coronary heart disease, angina, or a heart attack.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Adults more likely to have been diagnosed with chronic heart disease include:

- Adults aged 65 and older.
- Residents in the lower income segment (<200% of FPL).

Self-Reported Prevalence of Chronic Heart Disease

(Frederick County, 2007)



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 34]

Note:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
- White, Black, and Other are non-Hispanic race categorizations.
- Respondents were asked if they have ever been diagnosed with chronic heart disease, including coronary heart disease, angina, or a heart attack.
- * **Please use caution when interpreting results among Black, Hispanic and Other race samples; each of these is based on fewer than 50 respondents.** If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

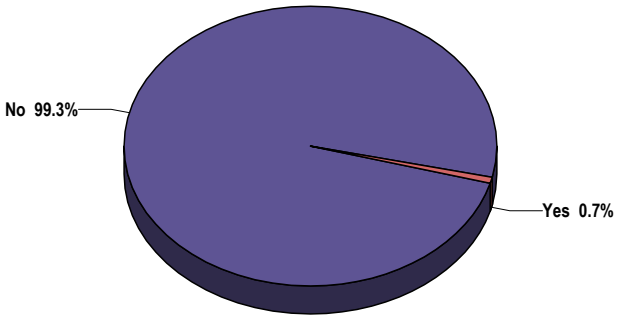
Cardiac Conditions Among Children

Less than one percent (0.7%) of Frederick County children have been diagnosed with a severe cardiac condition.

- No difference by area.

Prevalence of Severe Cardiac Conditions Among Children

(Among Respondents With Children Under 18; Frederick County, 2007)



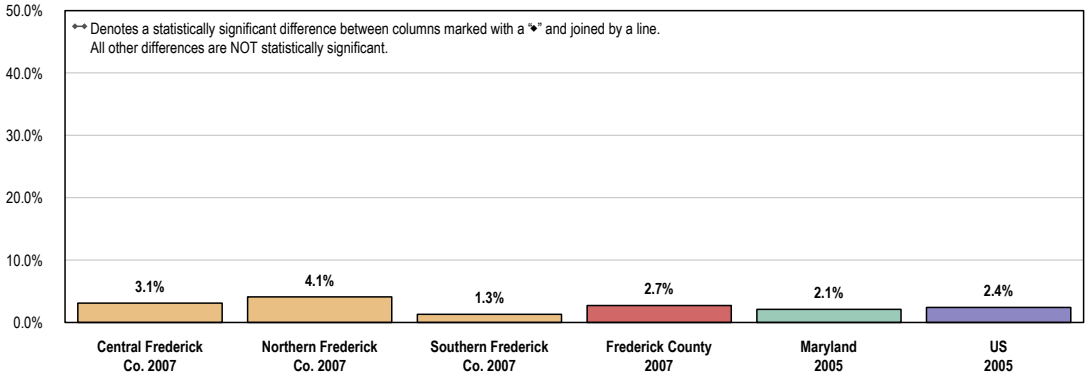
Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 136]
Note: • Asked of those respondents with children under 18.

Prevalence of Stroke

A total of 2.7% of surveyed Frederick County adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to statewide findings (2.1%).
- Similar to national findings (2.4%).
- Statistically similar among the three sub-county areas.

Self-Reported Prevalence of Stroke



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 35]
• 2005 PRC National Health Survey, Professional Research Consultants.
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Maryland data.
Note: • Asked of all respondents.
• If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

- Note: Among Frederick County residents aged 65 and older, 7.7% have had a stroke.

Hypertension (High Blood Pressure)

High blood pressure is known as the "silent killer" and remains a major risk factor for coronary heart disease, stroke, and heart failure. About 50 million adults in the United States have high blood pressure.

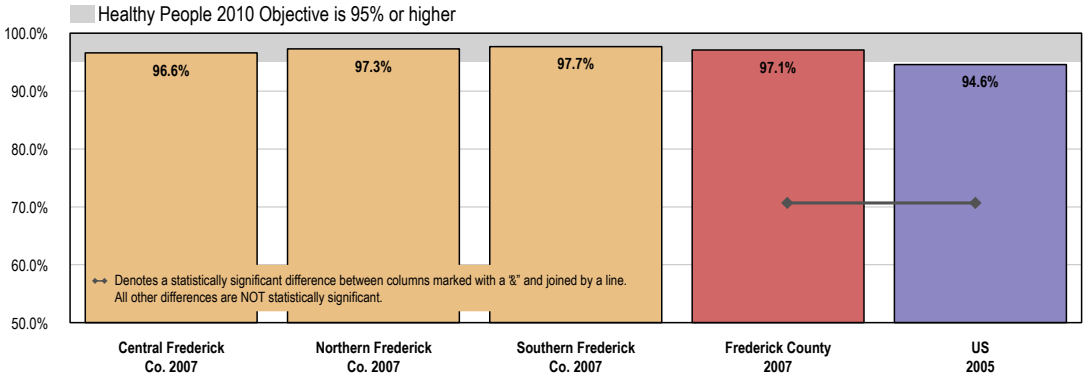
– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

High Blood Pressure Testing

97.1% of Frederick County adults have had their blood pressure tested within the past two years.

- More favorable than national findings (94.6%).
- Satisfies the Healthy People 2010 target (95% or higher).
- Similar among the three sub-county areas.

Have Had Blood Pressure Checked Within the Past Two Years



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 49]
- 2005 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-12]

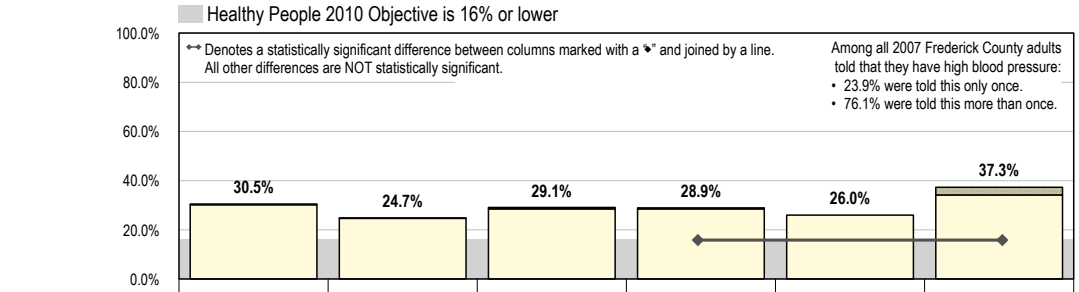
Note:
- Asked of all respondents.
- Excludes uncertain responses.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Prevalence of Hypertension

Over one-fourth (28.5%) of surveyed Frederick County adults have been told at some point that their blood pressure was high (an additional 0.4% have not been tested in the past five years).

- Similar to the Maryland prevalence (26.0%).
- More favorable than national findings (34.2%).
- Fails to satisfy the Healthy People 2010 target (16% or lower).
- Similar by area.

Self-Reported Prevalence of High Blood Pressure



	Central Frederick Co. 2007	Northern Frederick Co. 2007	Southern Frederick Co. 2007	Frederick County 2007	Maryland 2005	US 2005
Unknown (Not Tested in Past 5 Yrs)	0.3%	0.0%	0.6%	0.4%		3.1%
Have Been Told Blood Pressure Was High	**30.2%**	**24.7%**	**28.5%**	**28.5%**	**26.0%**	**34.2%**

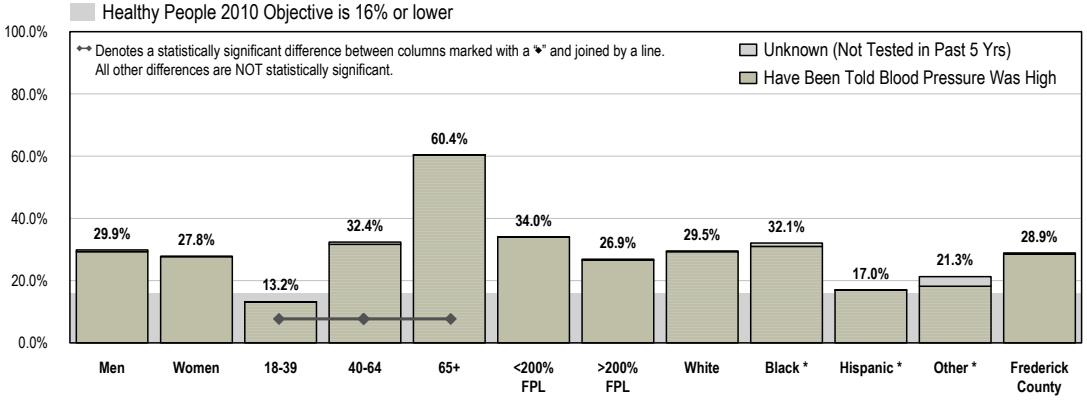
Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Items 47, 148]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Maryland data.
- 2005 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-9]

Note:
- Asked of the total sample of respondents.
- HBP refers to adults who have been told they have high blood pressure.
- "Unknown" includes persons never tested, not tested within the past 5 years, or who were uncertain or did not respond to the testing question.
- The Maryland data does not include "unknowns."
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Self-reported hypertension diagnoses increase with age in Frederick County.

Self-Reported Prevalence of High Blood Pressure

(Frederick County, 2007)



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 148]
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-9]

Note:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
- White, Black, and Other are non-Hispanic race categorizations.
- "Unknown" includes persons never tested, not tested within the past 5 years, or who were uncertain or did not respond to the testing question.
- * **Please use caution when interpreting results among Black, Hispanic and Other race samples; each of these is based on fewer than 50 respondents.** If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

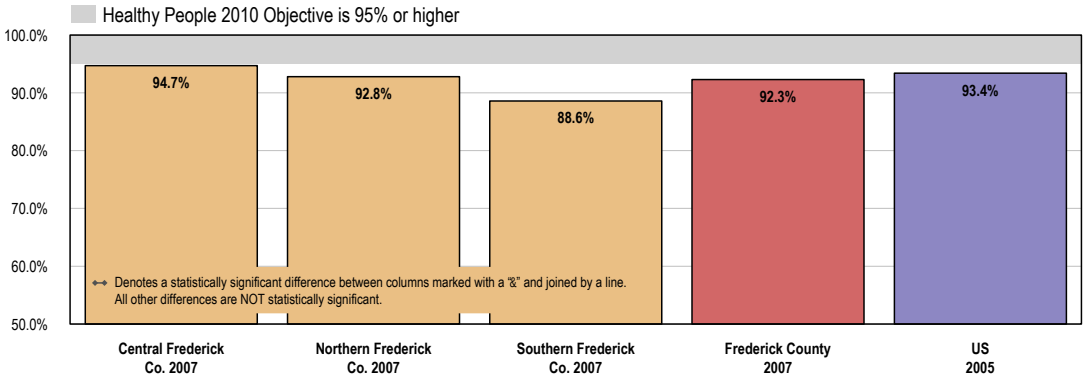
Hypertension Management

Among Frederick County respondents who have been told that their blood pressure was high, 92.3% report that they are currently taking actions to control their condition, such as through medication, diet and/or exercise.

- Similar to national findings (93.4%).
- Similar to the Healthy People 2010 target of 95% or higher.
- By area, does not vary to a statistically significant degree.

Taking Action to Control High Blood Pressure

(Among Respondents With Multiple HBP Readings)



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 48]
- 2005 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-11]

Note:
- Asked of respondents who have been told more than once that their blood pressure was high.
- In this case, "taking action" includes medication, diet modification, and/or exercise.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

High Blood Cholesterol

High blood cholesterol is a major risk factor for coronary heart disease that can be modified. More than 50 million U.S. adults have blood cholesterol levels that require medical advice and treatment. More than 90 million adults have cholesterol levels that are higher than desirable. Experts recommend that all adults aged 20 years and older have their cholesterol levels checked at least once every 5 years to help them take action to prevent or lower their risk of coronary heart disease. Lifestyle changes that prevent or lower high blood cholesterol include eating a diet low in saturated fat and cholesterol, increasing physical activity, and reducing excess weight.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

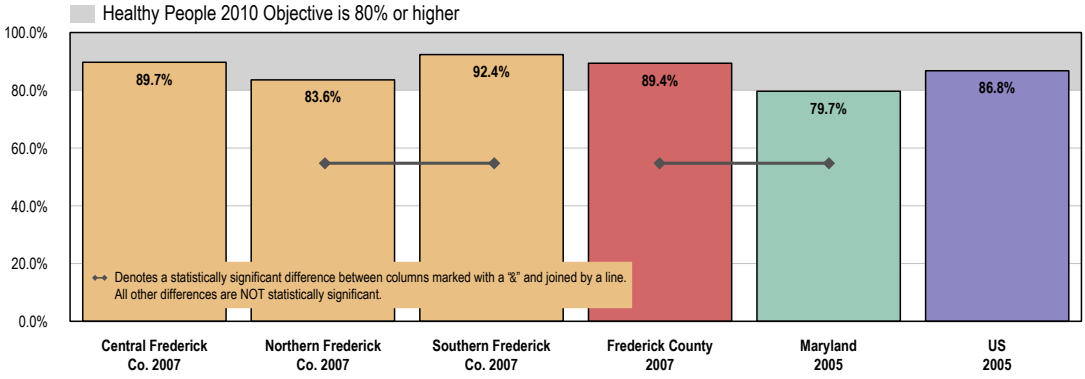
Blood Cholesterol Testing

A total of 89.4% of Frederick County adults have had their blood cholesterol checked within the past five years.

- More favorable than Maryland findings (79.7%).
- Similar to national findings (86.8%).
- Satisfies the Healthy People 2010 target (80% or higher).

- Ranges from 83.6% in Northern Frederick County to 92.4% in Southern Frederick County.

Have Had Blood Cholesterol Level Checked Within the Past Five Years



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 52]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Maryland data.
- 2005 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-15]

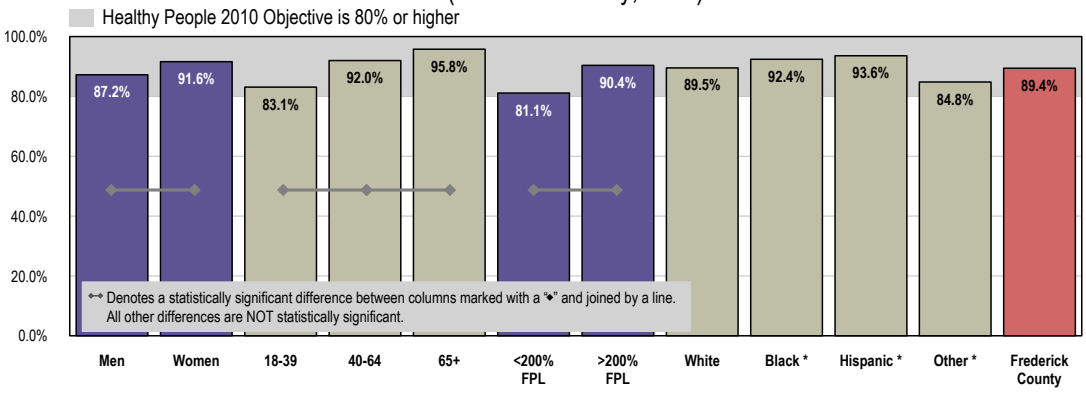
Note:
- Asked of all respondents.
- Excludes uncertain responses.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Note that testing levels are notably <u>lower</u> among:

- Men.
- Younger adults.
- Adults in the lower income segment.

Have Had Blood Cholesterol Level Checked Within the Past Five Years

(Frederick County, 2007)



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 52]
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-15]

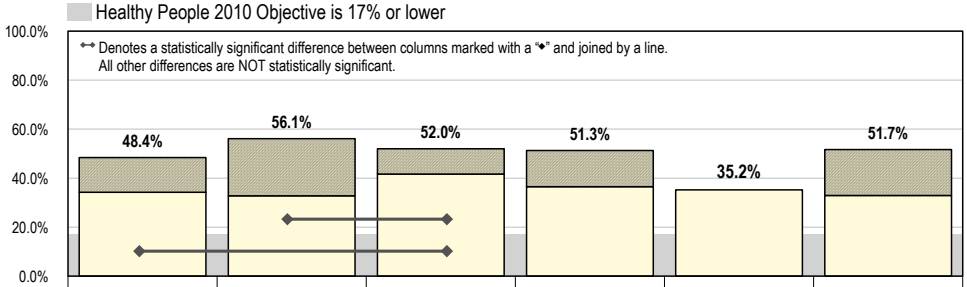
Note:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
- White, Black, and Other are non-Hispanic race categorizations.
- Excludes uncertain responses.
- * **Please use caution when interpreting results among Black, Hispanic and Other race samples; each of these is based on fewer than 50 respondents.** If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Self-Reported High Blood Cholesterol

In all, 36.5% of Frederick County adults have been told by a health professional that their cholesterol level was high (note that an additional 14.8% have not had their cholesterol tested in the past five years).

- Similar to the statewide prevalence (35.2%, excluding "unknowns").
- Similar to the national prevalence (32.9%).
- Fails to satisfy the Healthy People 2010 target (17% or lower).
- Less favorable (41.7%) in Southern Frederick County.

Self-Reported Prevalence of High Blood Cholesterol



	Central Frederick Co. 2007	Northern Frederick Co. 2007	Southern Frederick Co. 2007	Frederick County 2007	Maryland 2005	US 2005
Unknown (Not Tested in Past 5 Yrs)	14.2%	23.3%	10.3%	14.8%		18.8%
Have Been Told Blood Cholesterol Was High	**34.2%**	**32.8%**	**41.7%**	**36.5%**	**35.2%**	**32.9%**

Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 149]
- 2005 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-14]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Maryland data.

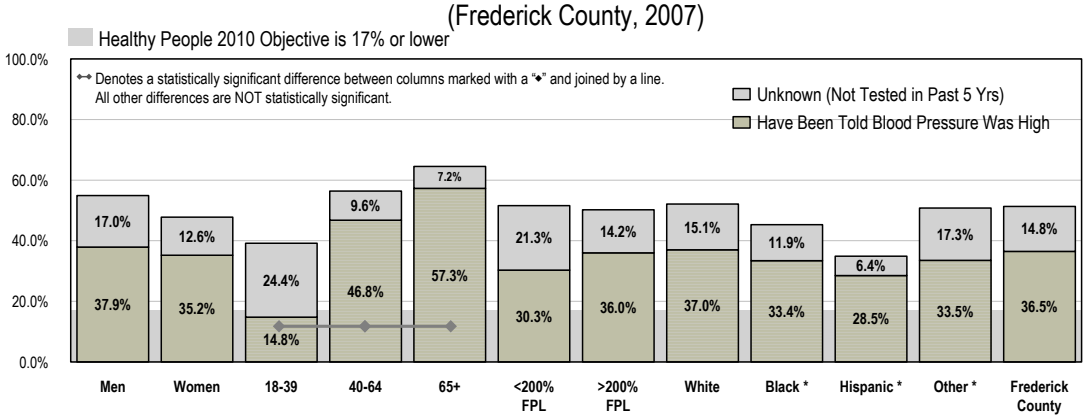
Note:
- Asked of the total sample of respondents.
- HBC reflects adults who have been told they have high blood cholesterol.
- "Unknown" includes persons never tested, not tested within the past 5 years, or who were uncertain or did not respond to the testing question.
- The Maryland data does not include "unknowns."
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Note the following demographic breakout of self-reported prevalence of high blood cholesterol. Residents more likely to experience high cholesterol levels include:

- Adults aged 40 and older.
- Note: "Unknowns" are relatively high in young adults and low-income respondents.

Self-Reported Prevalence of High Blood Cholesterol

(Frederick County, 2007)



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 149]
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-14]

Note: • Asked of all respondents.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White, Black, and Other are non-Hispanic race categorizations.
* **Please use caution when interpreting results among Black, Hispanic and Other race samples; each of these is based on fewer than 50 respondents.** If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

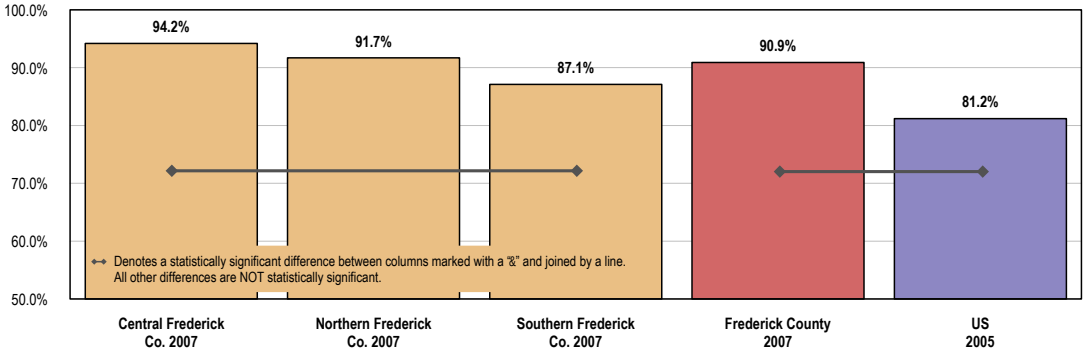
High Cholesterol Management

Among Frederick County adults who have been told that their blood cholesterol was high, 90.9% report that they are currently taking actions to control their cholesterol levels, such as through medication, diet and/or exercise.

- More favorable than national findings (81.2%).
- More favorable in Central Frederick County (94.2%) than in Southern Frederick County (87.1%).

Taking Action to Control High Blood Cholesterol

(Among Respondents With High Blood Cholesterol)



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 51]
• 2005 PRC National Health Survey, Professional Research Consultants.

Note: • Asked of respondents who have been told that their blood cholesterol was high.
• In this case, "taking action" includes medication, diet modification, and/or exercise.
• If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Total Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

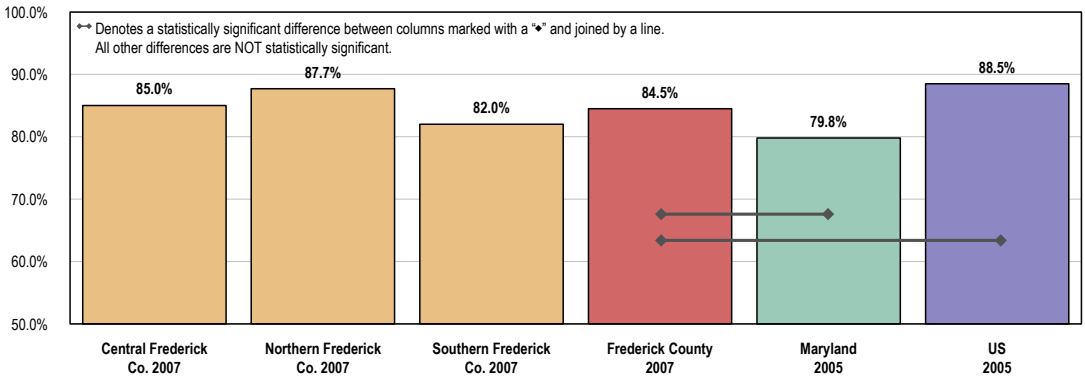
- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

In all, 84.5% of Frederick County adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Less favorable than that found statewide (79.8%).
- More favorable than that found nationally (88.5%).
- Similar among the three sub-county areas.

Present One or More Cardiovascular Risk Factors or Behaviors



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 147]
- 2005 PRC National Health Survey, Professional Research Consultants.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Maryland data.

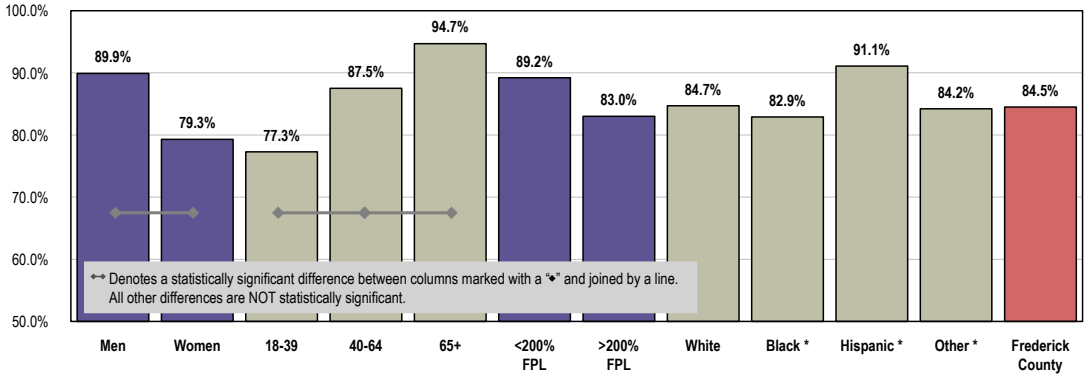
Note:
- Includes respondents reporting any of the following: overweight, cigarette smoking, high blood pressure, high cholesterol, or physical inactivity.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Frederick County residents more likely to exhibit cardiovascular risk factors include:

- Men.
- Adults aged 40 and older.

Present One or More Cardiovascular Risk Factors or Behaviors

(Frederick County, 2007)



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 147]

Note:
- Includes respondents reporting any of the following: overweight, cigarette smoking, high blood pressure, high cholesterol, or physical inactivity.
- FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
- White, Black, and Other are non-Hispanic race categorizations.
- Includes respondents reporting any of the following: overweight, cigarette smoking, high blood pressure, high cholesterol, or physical inactivity.
- * **Please use caution when interpreting results among Black, Hispanic and Other race samples; each of these is based on fewer than 50 respondents.** If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of U.S. adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of U.S. adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the U.S.

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

(Related Issue: See also "Nutrition & Overweight," "Physical Activity & Fitness" and "Tobacco Use" in the Modifiable Health Risk section.)

CANCER

Cancer, the second leading cause of death among Americans, is responsible for one of every four deaths in the United States. In 2003, over half a million Americans—or more than 1,500 people a day—will die of cancer. Black Americans are more likely to die from cancer than people of any other racial or ethnic group.

The financial costs of cancer are staggering. According to the National Institutes of Health, cancers cost the United States more than $170 billion in 2002. This includes more than $110 billion in lost productivity and over $60 billion in direct medical costs.

The number of new cancer cases can be reduced substantially, and many cancer deaths can be prevented. Healthier lifestyles can significantly reduce a person's risk for cancer—for example, avoiding tobacco use, increasing physical activity, improving nutrition, and avoiding sun exposure. Making cancer screening and information services available and accessible to all Americans is also essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths from these diseases by finding them early, when they are most treatable. Screening tests for cervical and colorectal cancers can actually prevent these cancers from developing by detecting treatable precancerous conditions.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Age-Adjusted Cancer Deaths

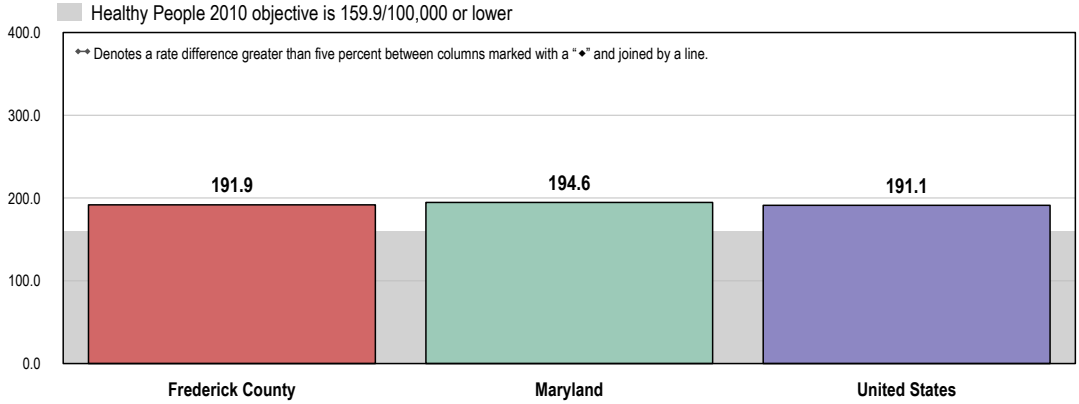
All Cancer Deaths

Between 2002 and 2004, the annual average age-adjusted cancer death rate in Frederick County was 191.9 deaths per 100,000 population.

- Similar to the corresponding Maryland rate (194.6 deaths per 100,000).
- Similar to the U.S. rate (191.1).
- Fails to satisfy the Healthy People 2010 objective (159.9 or lower).

Age-Adjusted Mortality: Cancer

(2002-2004 Annual Average Deaths per 100,000 Population)



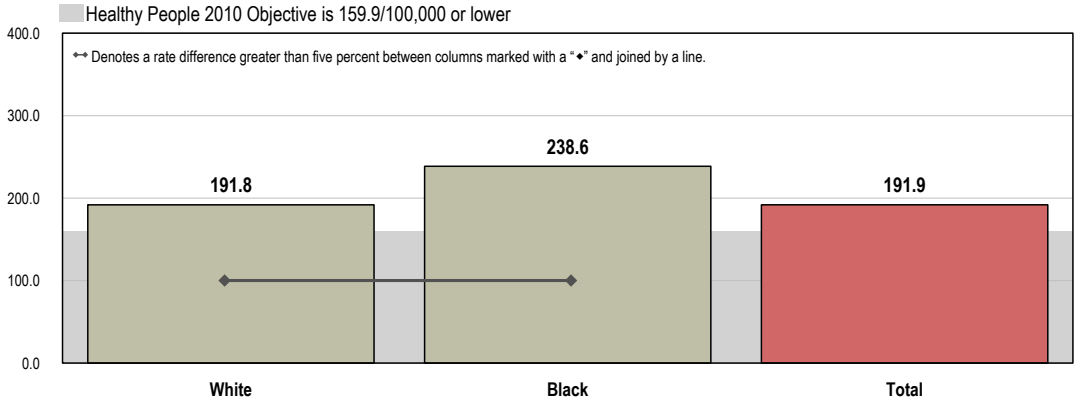
Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2007.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-1]

Note:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

- Cancer mortality rates are notably higher among Frederick County Blacks (238.6) than Whites (191.8).

Age-Adjusted Mortality: Cancer

(2002-2004 Annual Average Deaths per 100,000 Population; Frederick County by Race)



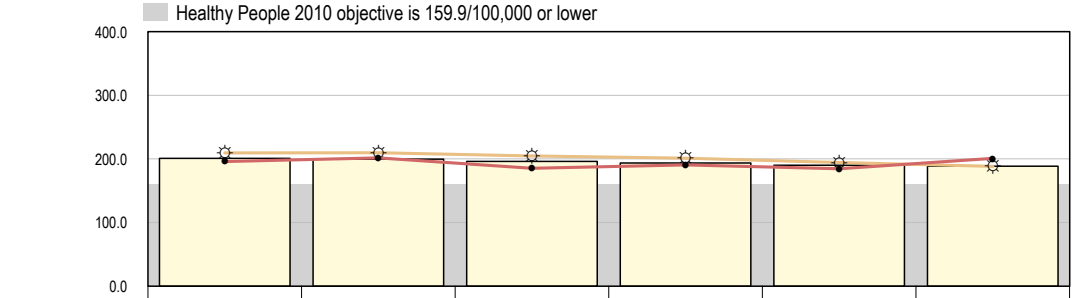
Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2007.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-1]

Note:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

- In recent years, no apparent trend in cancer mortality is apparent: Frederick County age-adjusted cancer death rates ranged from 184.6 to 201.7.
- In comparison, downward trends are reported both statewide and nationwide.

Age-Adjusted Mortality: Cancer

(Annual Average Deaths per 100,000 Population)



	1999	2000	2001	2002	2003	2004
Frederick County	196.0	201.7	185.4	190.6	184.6	200.8
Maryland	209.4	209.7	204.6	201.1	194.4	188.4
United States	200.8	199.6	196.1	193.7	190.0	188.6

Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2007.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-1]

Note:
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Cancer Deaths by Site

LUNG CANCER

Lung cancer is the most common cause of cancer death among both females and males in the United States. Cigarette smoking is the most important risk factor for lung cancer, accounting for 68 to 78 percent of lung cancer deaths among females and 88 to 91 percent of lung cancer deaths among males. Other risk factors include occupational exposures (radon, asbestos) and indoor and outdoor air pollution (radon, environmental tobacco smoke). One to two percent of lung cancer deaths are attributable to air pollution. After 10 years of abstinence, smoking cessation decreases the risk of lung cancer to 30 to 50 percent of that of continuing smokers.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Lung cancer is by far the leading cause of cancer deaths in the county. Other leading sites include prostate cancer among men, breast cancer among women, and colorectal cancer (both genders).

As can be seen in the following chart (referencing 2002-2004 annual average age-adjusted rates):

- The Frederick County **lung cancer** death rate (46.4) is better than both state and national rates.
- The **prostate cancer** death rate (29.5) is similar to the state rate, but less favorable than the national rate.
- The **female breast cancer** death rate (26.4) is similar to the state rate and more favorable than the nationwide rate.
- The **colorectal cancer** death rate (21.5) is less favorable than found either statewide or nationwide.

Age-Adjusted Cancer Death Rates by Leading Sites

(2002-2004 Annual Average Deaths per 100,000 Population)

⟷ Denotes a rate difference greater than five percent between items marked with a "◆" and joined by a line.

	Frederick County	Maryland	United States
Lung Cancer	46.4	55.8	54.3
Prostate Cancer (Men Only)	29.5	28.8	20.7
Female Breast Cancer	26.4	27.6	28.0
Colorectal Cancer	21.5	19.7	19.1

Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, EpidemiologyProgram Office, Division of Public Health Surveillance and Informatics. Data extracted August 2007.

Prevalence of Cancer

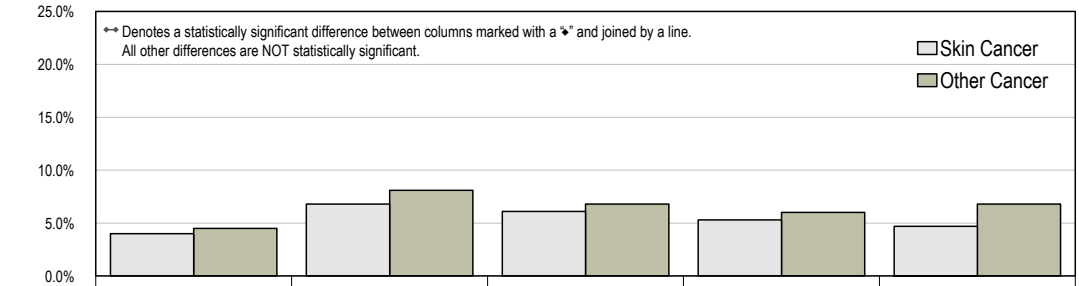
A total of 5.3% of Frederick County adults report having been diagnosed with skin cancer.

- Comparable to the national average (4.7%).
- Comparable by area.

Another 6.0% of Frederick County adults report having been diagnosed with another type of cancer (non-skin).

- Comparable to the national average (6.8%).
- Comparable by area.

Self-Reported Prevalence of Cancer



	Central Frederick Co. 2007	Northern Frederick Co. 2007	Southern Frederick Co. 2007	Frederick County 2007	US 2005
Skin Cancer	4.0%	6.8%	6.1%	5.3%	4.7%
Other Cancer	4.5%	8.1%	6.8%	6.0%	6.8%

Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Items 36-37]
• 2005 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.
• If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

- Among surveyed Frederick County parents, none reported a diagnosis of cancer for a child at home.

Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

(Related Issue: see also "Nutrition & Overweight," "Physical Activity & Fitness" and "Tobacco Use" in the Modifiable Health Risk section.)

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in Frederick County were measured in the survey relative to four cancer sites: colorectal cancer (**sigmoidoscopy/colonoscopy**); female breast cancer (**mammography**); cervical cancer (**Pap smear testing**); and prostate cancer (**prostate-specific antigen testing** and **digital rectal examination**).

Colorectal Cancer Screenings

COLORECTAL CANCER

Colorectal cancer (CRC) is the second leading cause of cancer-related deaths in the United States. When cancer-related deaths are estimated separately for males and females, however, CRC becomes the third leading cause of cancer death behind lung and breast cancers for females and behind lung and prostate cancers for males.

Risk factors for CRC may include age, personal and family history of polyps or colorectal cancer, inflammatory bowel disease, inherited syndromes, physical inactivity (colon only), obesity, alcohol use, and a diet high in fat and low in fruits and vegetables. Detecting and removing precancerous colorectal polyps and detecting and treating the disease in its earliest stages will reduce deaths from CRC. Fecal occult blood testing and sigmoidoscopy are widely used to screen for CRC, and barium enema and colonoscopy are used as diagnostic tests.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Beginning at age 50, both men and women should follow one of these five testing schedules:

- Yearly fecal occult blood test (FOBT)*
- Flexible sigmoidoscopy every 5 years
- Yearly fecal occult blood test plus flexible sigmoidoscopy every 5 years**
- Double-contrast barium enema every 5 years
- Colonoscopy every 10 years

*For FOBT, the take-home multiple sample method should be used.
**The combination of FOBT and flexible sigmoidoscopy is preferred over either of these two tests alone.

All positive tests should be followed up with a colonoscopy. People should begin colorectal cancer screening earlier and/or undergo screening more often if they have certain colorectal cancer risk factors.

– American Cancer Society

Note that other organizations (e.g., American Academy of Family Physicians, American College of Physicians, National Cancer Institute, US Preventive Services Task Force) may have slightly different screening guidelines.

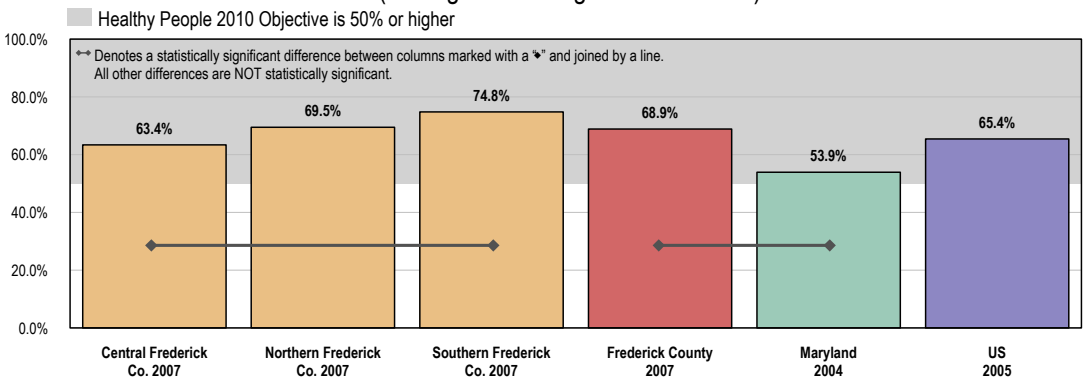
Sigmoidoscopy/Colonoscopy

Among Frederick County adults aged 50 and older, 68.9% have had a sigmoidoscopy or colonoscopy at some point in their lives.

- More favorable than Maryland findings (53.9%).
- Similar to national findings (65.4%).
- Satisfies the Healthy People 2010 target (50% or higher).
- Ranges from 63.4% in Central Frederick County to 74.8% in Southern Frederick County.
- Note: Includes 71.2% of Frederick County men 50+ and 66.6% of Frederick County women 50+.

Have Ever Had a Sigmoidoscopy/Colonoscopy Examination

(Among Persons Aged 50 and Older)



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 179]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2004 Maryland data.
- 2005 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-12b]

Note:
- Asked of all respondents aged 50 or over.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Female Breast Cancer Screening

FEMALE BREAST CANCER

Breast cancer is the most common cancer [diagnosis] among women in the United States. Death from breast cancer can be reduced substantially if the tumor is discovered at an early stage. Mammography is the most effective method for detecting these early malignancies. Clinical trials have demonstrated that mammography screening can reduce breast cancer deaths by 20 to 39 percent in women aged 50 to 74 years and about 17 percent in women aged 40 to 49 years. Breast cancer deaths can be reduced through increased adherence with recommendations for regular mammography screening.

Many breast cancer risk factors, such as age, family history of breast cancer, reproductive history, mammographic densities, previous breast disease, and race and ethnicity, are not subject to intervention. However, being overweight is a well-established breast cancer risk for postmenopausal women that can be addressed. Avoiding weight gain is one method by which older women may reduce their risk of developing breast cancer.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Screenings for female breast cancer are recommended as outlined below:

- Yearly mammograms starting at age 40 and continuing for as long as a woman is in good health.
- Clinical breast exams (CBE) should be part of a periodic health exam, about every three years for women in their 20s and 30s and every year for women 40 and over.
- Women should report any breast change promptly to their healthcare providers. Breast self-exam (BSE) is an option for women starting in their 20s.
- Women at increased risk (e.g., family history, genetic tendency, past breast cancer) should talk with their doctors about the benefits and limitations of starting mammography screening earlier, having additional tests (e.g., breast ultrasound or MRI), or having more frequent exams.

– American Cancer Society

Note that other organizations (e.g., American Academy of Family Physicians, American College of Physicians, National Cancer Institute, US Preventive Services Task Force) may have slightly different screening guidelines.

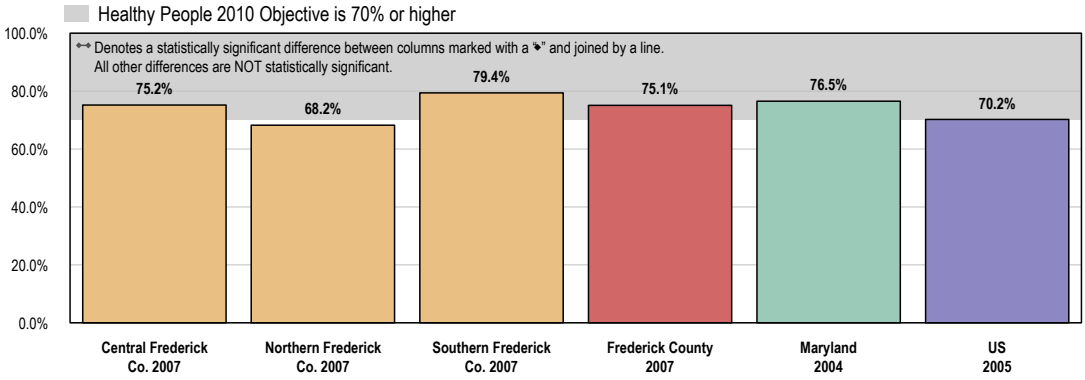
Mammography

Among Frederick County women aged 40 and older, three-fourths (75.1%) have had a mammogram within the past two years.

- Similar to statewide findings (76.5%).
- Similar to national findings (70.2%).
- Satisfies the Healthy People 2010 target (70% or higher).
- Does not vary significantly among the three areas.
- Note that 73.8% of Frederick County women aged 65 and older had a mammogram in the preceding two years.

Had a Mammogram in the Past Two Years

(Among Women Aged 40 and Older)



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 177]
- 2005 PRC National Health Survey, Professional Research Consultants.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2004 Maryland data.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-13]

Note:
- Asked of women aged 40 and over.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Cervical Cancer Screenings

Screenings for cervical cancer are recommended as outlined below:

- All women should begin cervical cancer screening about 3 years after they begin having vaginal intercourse, but no later than when they are 21 years old. Screening should be done every year with the regular Pap test or every 2 years using the newer liquid-based Pap test.
- Beginning at age 30, women who have had 3 normal Pap test results in a row may get screened every 2 to 3 years with either the conventional (regular) or liquid-based Pap test. Women who have certain risk factors such as diethylstilbestrol (DES) exposure before birth, HIV infection, or a weakened immune system due to organ transplant, chemotherapy, or chronic steroid use should continue to be screened annually.
- Another reasonable option for women over 30 is to get screened every 3 years (but not more frequently) with either the conventional or liquid-based Pap test, *plus* the HPV DNA test.
- Women 70 years of age or older who have had 3 or more normal Pap tests in a row and no abnormal Pap test results in the last 10 years may choose to stop having cervical cancer screening. Women with a history of cervical cancer, DES exposure before birth, HIV infection or a weakened immune system should continue to have screening as long as they are in good health.
- Women who have had a total hysterectomy (removal of the uterus and cervix) may also choose to stop having cervical cancer screening, unless the surgery was done as a treatment for cervical cancer or precancer. Women who have had a hysterectomy without removal of the cervix should continue to follow the guidelines above.

– American Cancer Society

Note that other organizations (e.g., American Academy of Family Physicians, American College of Physicians, National Cancer Institute, US Preventive Services Task Force) may have slightly different screening guidelines.

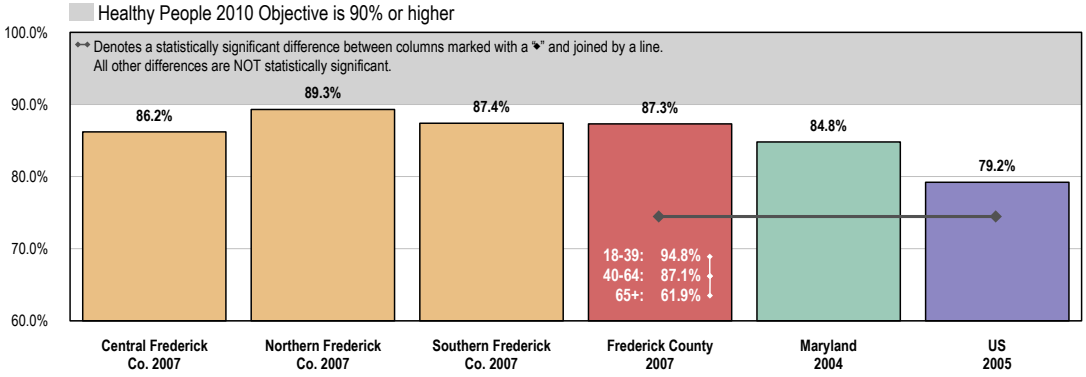
Pap Smear Testing

Among Frederick County women aged 18 and older, 87.3% have had a Pap smear within the past three years.

- Similar to the Maryland percentage (84.8%).
- More favorable than national findings (79.2%).
- Statistically similar to the Healthy People 2010 target (90% or higher).
- Similar among the three areas.
- Note: Testing levels among women under age 40 (94.8%) are significantly higher and currently meet the Healthy People 2010 target.

Had a Pap Smear Within the Past Three Years

(Among Women Aged 18 and Older)



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 91]
- 2005 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-11]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2004 Maryland data.

Note:
- Asked of all female respondents.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Prostate Cancer Screenings

PROSTATE CANCER

Prostate cancer is the most commonly diagnosed form of cancer (other than skin cancer) in males and the second leading cause of cancer death among males in the United States. Prostate cancer is most common in men aged 65 years and older, who account for approximately 80 percent of all cases of prostate cancer.

Digital rectal examination (DRE) and the prostate-specific antigen (PSA) test are two commonly used methods for detecting prostate cancer. Although several treatment alternatives are available for prostate cancer, their impact on reducing death from prostate cancer when compared with no treatment in patients with operable cancer is uncertain. Efforts aimed at reducing deaths through screening and early detection remain controversial because of the uncertain benefits and potential risks of screening, diagnosis, and treatment.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Guideline Statement: Both prostate-specific antigen (PSA) testing and digital rectal examination (DRE) should be offered annually, beginning at age 50 years, to men who have at least a 10-year life expectancy. Men at high risk should begin testing at age 45 years. Information should be provided to men regarding potential risks and benefits of early detection and treatment of prostate cancer. Men at even higher risk, due to multiple first-degree relatives affected at an early age, could begin testing at age 40. Depending on the results of this initial test, no further testing might be needed until age 45. Information should be provided to men regarding potential risks and benefits of early detection and treatment of prostate cancer.

- Men who choose to undergo testing should begin at age 50 years. However, men in high-risk groups, such as African Americans and men who have a first-degree relative diagnosed with prostate cancer at a young age, should begin testing at 45 years. *[Note: a first-degree relative is defined as a father, brother, or son.]*
- Men who ask their doctor to make the decision on their behalf should be tested. Discouraging testing is not appropriate. Also not offering testing is not appropriate.
- Testing for prostate cancer in asymptomatic men can detect tumors at a more favorable stage (anatomic extent of disease). There has been a reduction in mortality from prostate cancer, but it has not been established that this is a direct result of screening.
- When prostate cancer develops, the PSA level usually goes above 4.0 ng/ml. But about 15% of men with a PSA below 4 will have prostate cancer on biopsy. If your PSA level is in the borderline range between 4 and 10, you have about a 1 in 4 chance of having prostate cancer. If it is more than 10, your chance of having prostate cancer is over 50% and increases more as your PSA level increases.
- The Digital Rectal Examination (DRE) of the prostate should be performed by healthcare workers skilled in recognizing subtle prostate abnormalities, including those of symmetry and consistency, as well as the more classic findings of marked induration or nodules. DRE is less effective in detecting prostate carcinoma compared with PSA.

– American Cancer Society

Note that other organizations (e.g., American Academy of Family Physicians, American College of Physicians, National Cancer Institute, US Preventive Services Task Force) may have slightly different screening guidelines.

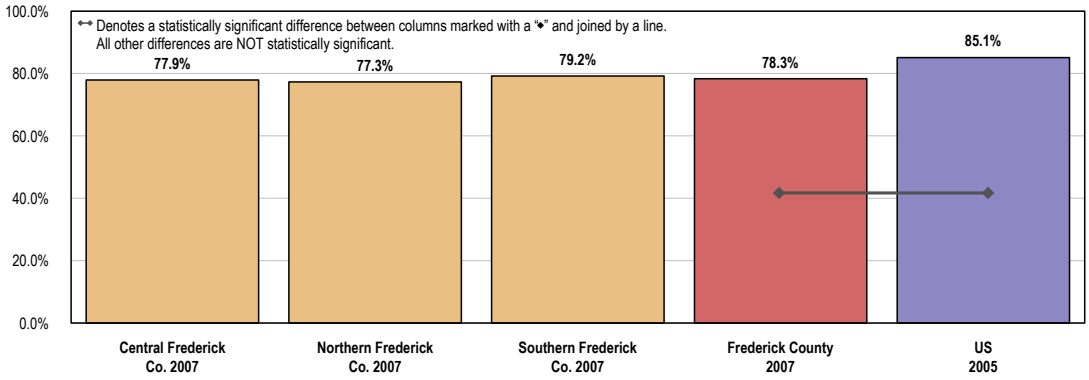
PSA Testing and/or Digital Rectal Examination

Among Frederick County men aged 50 and older, 78.3% had a PSA (prostate-specific antigen) test and/or a digital rectal examination for prostate problems within the past two years.

- Less favorable than national findings (85.1%).
- Similar by area.

Had a Prostate-Specific Antigen (PSA) Test OR a Digital Rectal Exam in Past Two Years

(Among Men Aged 50 and Older)



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 178]
- 2005 PRC National Health Survey, Professional Research Consultants.

Note:
- Asked of male respondents aged 50 and older.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

RESPIRATORY DISEASE

Asthma and COPD (chronic obstructive pulmonary disease) are among the 10 leading chronic conditions causing restricted activity [in Americans]. After chronic sinusitis, asthma is the most common cause of chronic illness in children. Methods are available to treat these respiratory diseases and promote respiratory health.

- Asthma is a serious and growing health problem. An estimated 14.9 million persons in the United States have asthma. Asthma is responsible for about 500,000 hospitalizations, 5,000 deaths, and 134 million days of restricted activity a year. Yet most of the problems caused by asthma could be averted if persons with asthma and their healthcare providers managed the disease according to established guidelines.
- COPD includes chronic bronchitis and emphysema—both of which are characterized by irreversible airflow obstruction and often exist together. Similar to asthma, COPD may be accompanied by an airway hyperresponsiveness. Most patients with COPD have a history of cigarette smoking. COPD worsens over time with continued exposure to a causative agent—usually tobacco smoke or sometimes a substance in the workplace or environment. COPD occurs most often in older people.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

[Note: Chronic lower respiratory disease (CLRD) was called chronic obstructive pulmonary disease (COPD) prior to 1999 with the issuance of the International Classification of Diseases, Tenth Revision (ICD-10). Healthy People 2010 refers to COPD rather than CLRD.]

Age-Adjusted Respiratory Disease Deaths

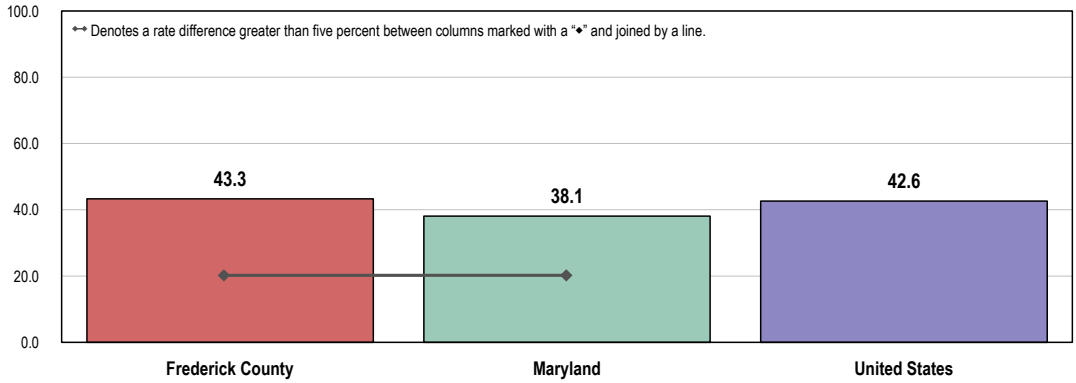
Chronic Respiratory Disease Deaths

Between 2002 and 2004, the annual average age-adjusted chronic lower respiratory disease death rate in Frederick County was 43.3 deaths per 100,000 population.

- Less favorable than the corresponding Maryland rate (38.1).
- Similar to the U.S. rate (42.6).

Age-Adjusted Mortality: CLRD

(2002-2004 Annual Average Deaths per 100,000 Population)



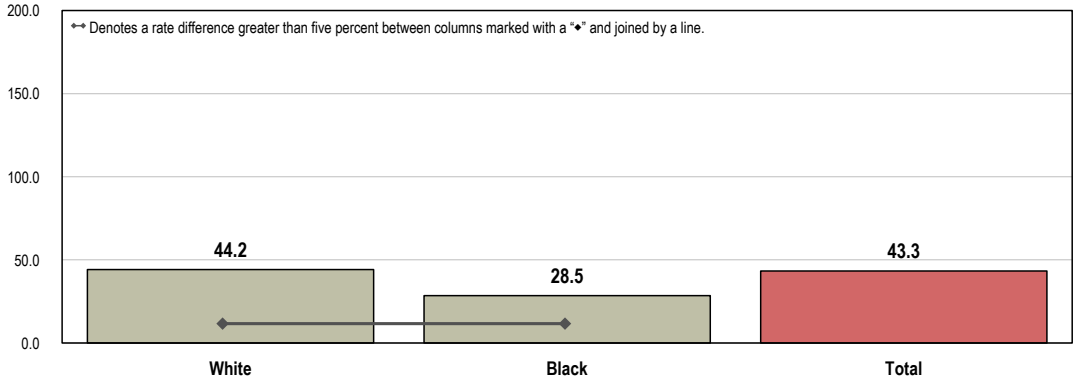
Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2007.

Note: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Comparing county rates by race, Whites experienced a higher age-adjusted mortality rate from CLRD than Blacks.

Age-Adjusted Mortality: CLRD

(2002-2004 Annual Average Deaths per 100,000 Population; Frederick County by Race)



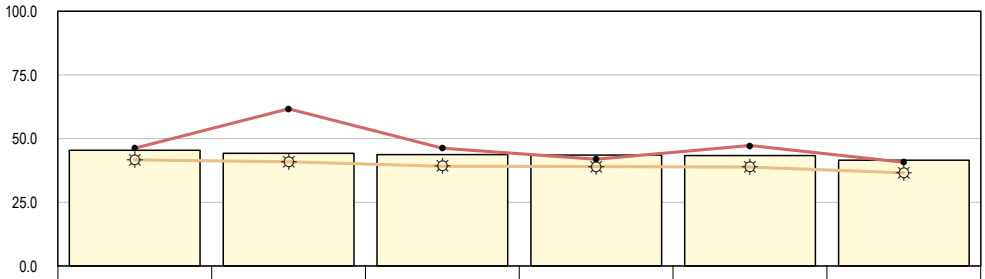
Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office,Division of Public Health Surveillance and Informatics. Data extracted August 2007.

Note: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Statewide and nationally, the age-adjusted chronic lower respiratory disease death rate has trended downward over the past several years; however, this trend is not as clear in Frederick County (increasing in 2000 and 2003).

Age-Adjusted Mortality: CLRD

(Annual Average Deaths per 100,000 Population)



	1999	2000	2001	2002	2003	2004
Frederick County	46.2	61.7	46.2	41.9	47.3	40.7
Maryland	41.6	40.9	39.1	39.0	38.8	36.5
United States	45.4	44.2	43.7	43.5	43.3	41.5

Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office,Division of Public Health Surveillance and Informatics. Data extracted August 2007.

Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

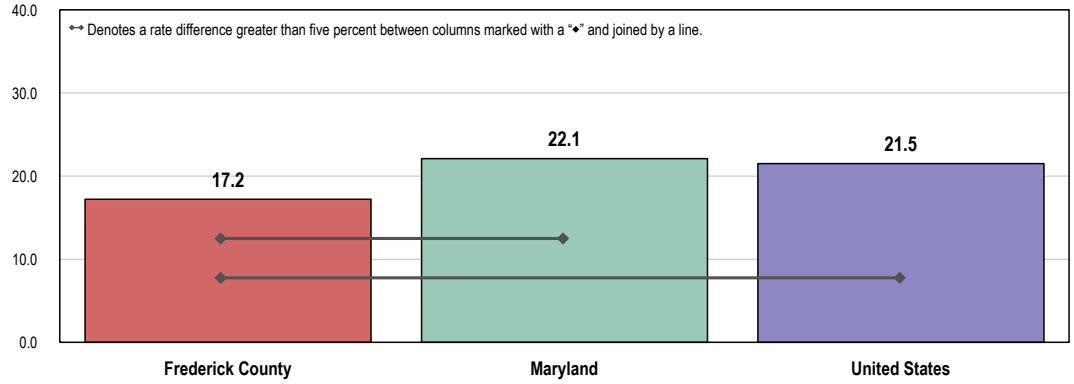
Pneumonia/Influenza Deaths

Between 2002 and 2004, the annual average age-adjusted pneumonia/ influenza death rate in Frederick County was 17.2 per 100,000 population.

- Better than the Maryland rate (22.1).
- Better than the national rate (21.5).

Age-Adjusted Mortality: Pneumonia/Influenza

(2002-2004 Annual Average Deaths per 100,000 Population)

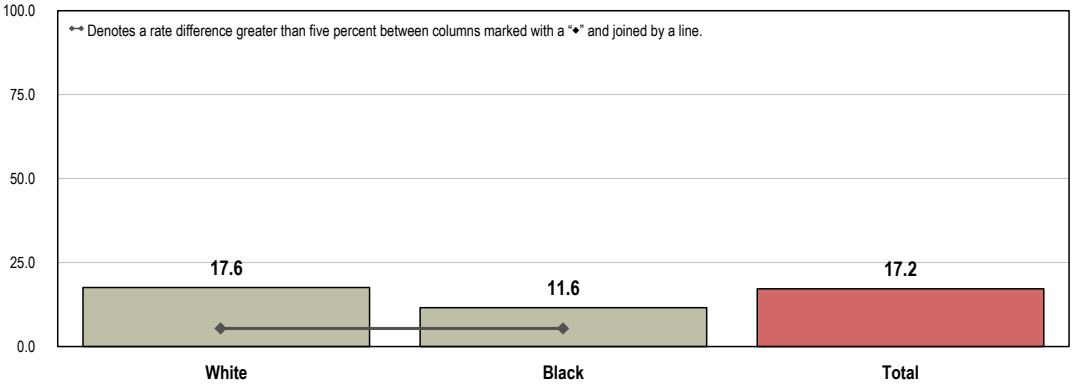


Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office,Division of Public Health Surveillance and Informatics. Data extracted August 2007.
Note: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

- Age-adjusted pneumonia/influenza mortality rates are higher among Whites in Frederick County than among Blacks.

Age-Adjusted Mortality: Pneumonia/Influenza

(2002-2004 Annual Average Deaths per 100,000 Population; Frederick County by Race)

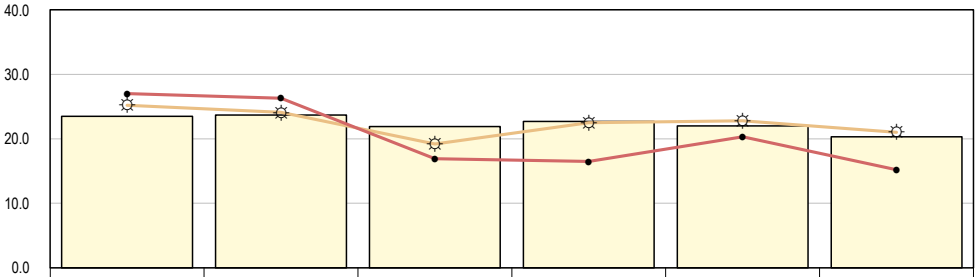


Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office,Division of Public Health Surveillance and Informatics. Data extracted August 2007.
Note: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

- Between 1999 and 2004, age-adjusted pneumonia/influenza death rates in Frederick County declined from 27.0 to 15.2.
- The downward trend is obvious both statewide and nationwide, although not as dramatic as the Frederick County trend.

Age-Adjusted Mortality: Pneumonia/Influenza

(Annual Average Deaths per 100,000 Population)



	1999	2000	2001	2002	2003	2004
Frederick County	27.0	26.3	16.9	16.5	20.3	15.2
Maryland	25.2	24.1	19.2	22.5	22.8	21.0
United States	23.5	23.7	21.9	22.7	22.0	20.3

Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2007.

Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

(For prevalence of vaccinations for pneumonia and influenza, see also "Immunization & Infectious Disease.")

Prevalence of Respiratory Conditions:

Adults

Survey respondents were next asked to indicate whether they suffer from various respiratory conditions, including nasal/hay fever allergies, asthma, and/or chronic lung disease.

More than one in three Frederick County adults (34.1%) report suffering from nasal or hay fever allergies.

- Similar to the national findings (32.3%).
- Higher (38.5%) in Southern Frederick County when compared to Central Frederick County (30.3%).

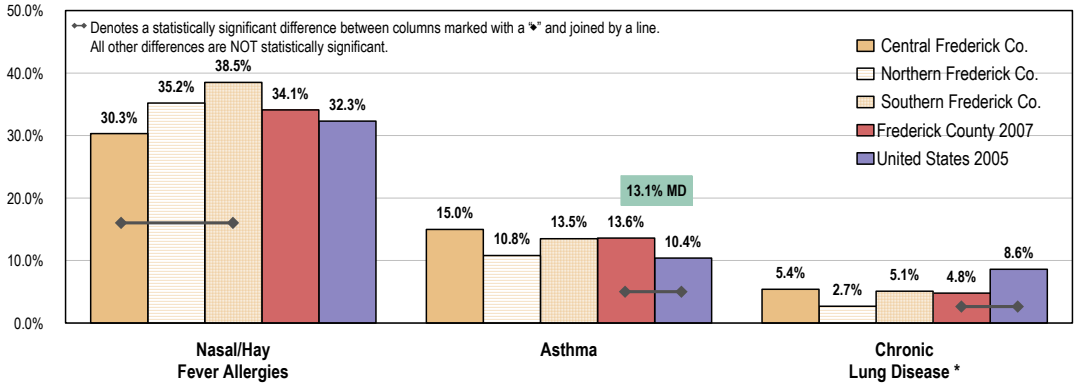
A total of 13.6% of Frederick County adults have been diagnosed with asthma.

- Similar to the statewide prevalence (13.1%).
- Less favorable than the 10.4% national prevalence.
- Similar by area.
- Note: Among adults reporting an asthma diagnosis at some point in their lives, nearly two in three (64.9%) report that they still have asthma.

A total of 4.8% of Frederick County adults suffer from chronic lung disease.

- Lower than the 8.6% found nationally.
  - *Note that the Frederick County survey described chronic lung disease in this question as including "**chronic** bronchitis or emphysema," whereas the national survey question described it as including "bronchitis or emphysema."*
- Similar by area.

Self-Reported Prevalence of Respiratory Conditions



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Items29, 40, 42]
- 2005 PRC National Health Survey, Professional Research Consultants.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Maryland data.

Note:
- Asked of all respondents.
- * Note that Frederick County respondents were asked: "Would you please tell me if you have ever suffered from or been diagnosed with any of the following medical conditions: Chronic Lung Disease, Including Chronic Bronchitis or Emphysema?" US survey question wording was identical except that it did not qualify bronchitis as "chronic."
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Children

Childhood Allergies

Among Frederick County children under 18, one in five (19.9%) is reported to have been diagnosed with nasal/hay fever allergies.

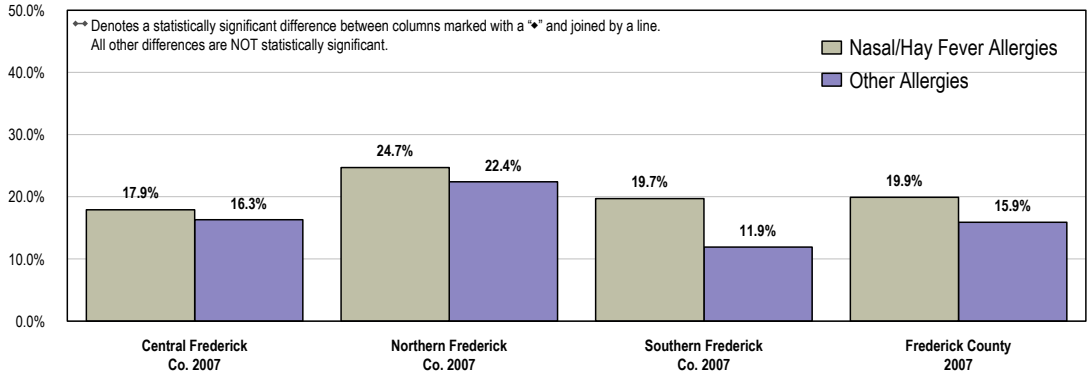
- Statistically similar among the three sub-county areas.

Another 15.9% of children in Frederick County are reported to have been diagnosed with some other type of allergy.

- Statistically similar among the three sub-county areas.

Prevalence of Allergies Among Children

(Among Respondents With Children Aged 0-17)



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Items 125-126]
Note: • Asked of respondents with children aged 0-17.
• If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Childhood Asthma

While the number of adults with asthma is greater than the number of children with asthma, the asthma rate is rising more rapidly in preschool-aged children than in any other group.

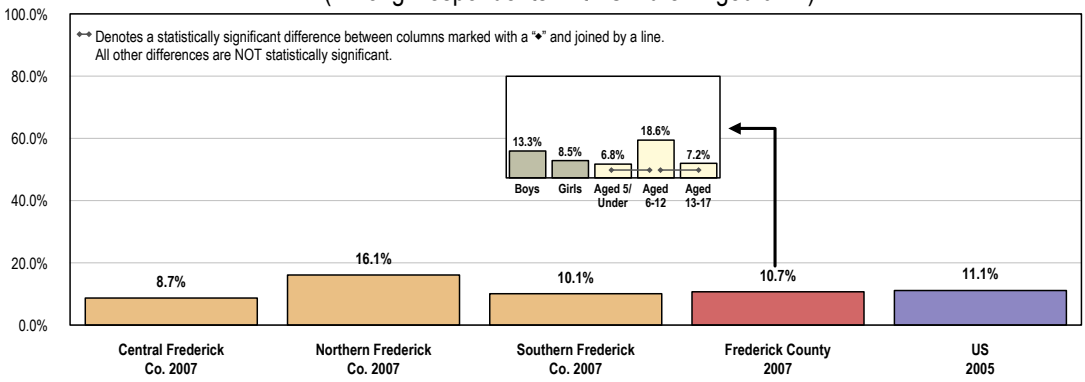
– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Among Frederick County children under 18, 10.7% are reported to have been diagnosed with asthma.

- Statistically similar to national findings (11.1%).
- Similar by area.
- Much higher among children between the ages of 6 and 12.

Prevalence of Asthma Among Children

(Among Respondents With Children Aged 0-17)



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 127]
• 2005 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of respondents with children aged 0-17.
• If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Related Focus Group Findings

Focus group participants touched on the relationship between health and the environment.

> *We seem to know a lot of environmental impacts that are out there … allergies seem to be on the rise. Air quality and other stuff.* Political & Community Leader

INJURY & VIOLENCE

The risk of injury is so great that most persons sustain a significant injury at some time during their lives. Nevertheless, this widespread human damage too often is taken for granted, in the erroneous belief that injuries happen by chance and are the result of unpreventable "accidents." In fact, many injuries are not "accidents," or random, uncontrollable acts of fate; rather, most injuries are predictable and preventable.

For ages 1 through 44 years, [U.S.] deaths from injuries far surpass those from cancer—the overall leading natural cause of death at these ages—by about three to one. Injuries cause more than two out of five deaths (43 percent) of children aged 1 through 4 years and result in four times the number of deaths due to birth defects, the second leading cause of death for this age group. For ages 15 to 24 years, injury deaths exceed deaths from all other causes combined from ages 5 through 44 years. For ages 15 to 24 years, injuries are the cause of nearly four out of five deaths. After age 44 years, injuries account for fewer deaths than other health problems, such as heart disease, cancer, and stroke. However, despite the decrease in the proportion of deaths due to injury, the death rate from injuries is actually higher among older persons than among younger persons.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

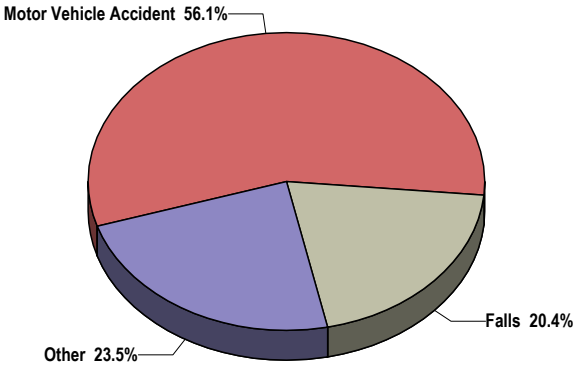
Unintentional Injury

Leading Causes of Unintentional Injury Deaths

Motor vehicle crashes (56.1%) and falls (20.4%) were the top two causes of accidental deaths in Frederick County between 2002 and 2004.

Leading Causes of Accidental Death

(Frederick County, 2002-2004)



Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2007.

Note: • Percentages are of the total accidental deaths in Frederick County for 2002-2004.

(Related Issue: see also "Substance Abuse.")

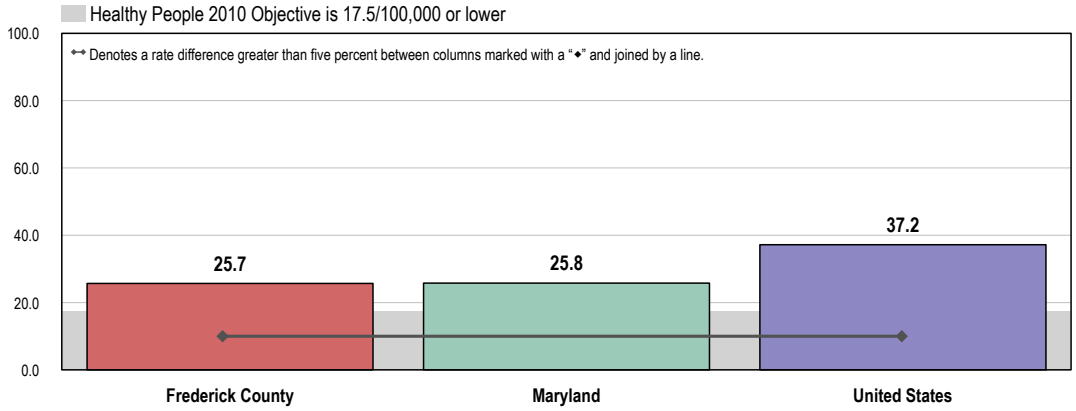
Age-Adjusted Unintentional Injury Deaths

Between 2002 and 2004, the annual average age-adjusted unintentional injury death rate in Frederick County was 25.7 deaths per 100,000 population.

- Nearly identical to that found statewide (25.8).
- Much lower than found nationally (37.2).
- Fails to satisfy the Healthy People 2010 objective (17.5 or lower).

Age-Adjusted Mortality: Unintentional Injuries

(2002-2004 Annual Average Deaths per 100,000 Population)



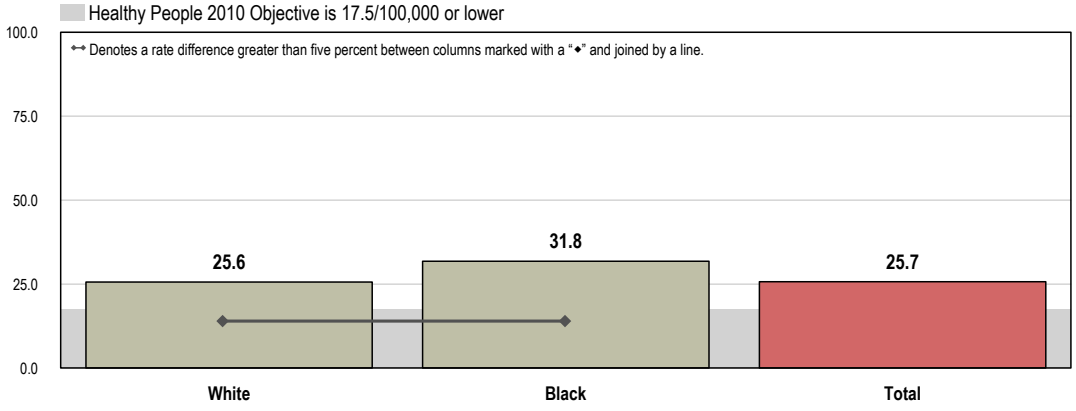
Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2007.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-13]

Note:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Viewed by race, unintentional injury death rates are higher among Blacks than Whites in Frederick County.

Age-Adjusted Mortality: Unintentional Injuries

(2002-2004 Annual Average Deaths Per 100,000 Population; Frederick County by Race)



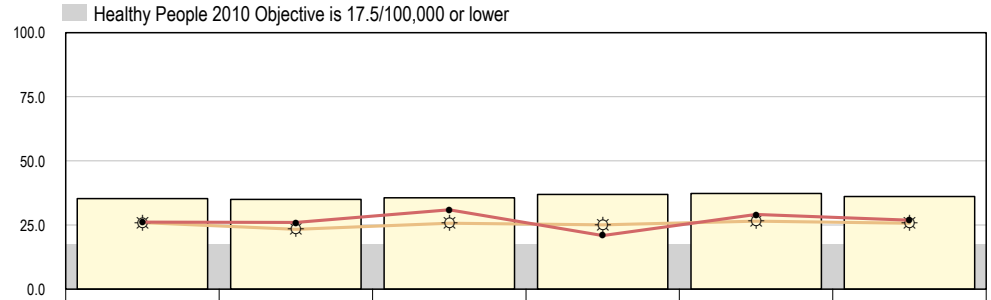
Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2007.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-13]

Note:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

- In recent years, age-adjusted unintentional injury death rates have remained stable, as have rates across Maryland and the U.S. overall.

Age-Adjusted Mortality: Unintentional Injuries

(Annual Average Deaths per 100,000 Population)



	1999	2000	2001	2002	2003	2004
Frederick County	26.1	26.0	30.9	20.9	29.1	26.9
Maryland	25.9	23.3	25.7	25.1	26.5	25.7
United States	35.3	35.0	35.6	36.9	37.3	36.1

Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2007.
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-13]
Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Motor Vehicle Safety

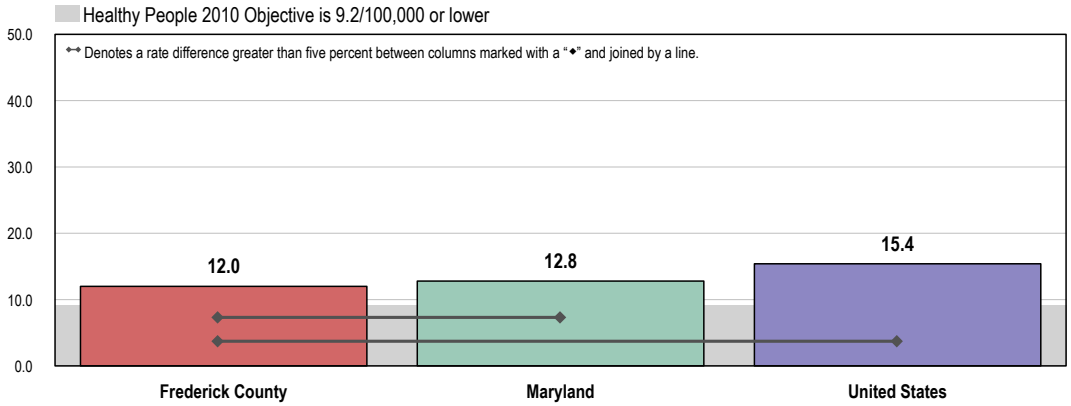
Age-Adjusted Motor-Vehicle Related Deaths

Between 2002 and 2004, the annual average age-adjusted motor vehicle crash death rate in the area was 12.0 deaths per 100,000 population.

- More favorable than the Maryland rate (12.8).
- More favorable than the national rate (15.4).
- Fails to satisfy the Healthy People 2010 objective (9.2 or lower).

Age-Adjusted Mortality: Motor Vehicle Accidents

(2002-2004 Annual Average Deaths per 100,000 Population)

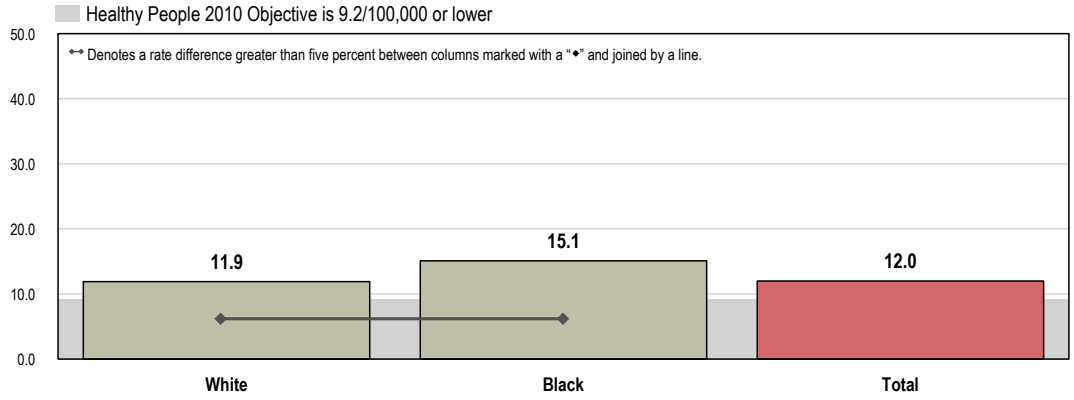


Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2007.
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-15a]
Note: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Motor vehicle accident mortality is somewhat higher among Blacks than Whites in Frederick County.

Age-Adjusted Mortality: Motor Vehicle Accidents

(2002-2004 Annual Average Deaths per 100,000 Population; Frederick County by Race)



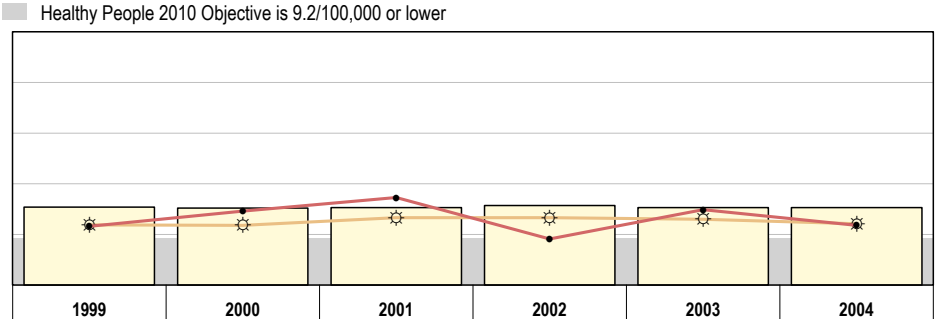
Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2007.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-15a]

Note:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Between 1999 and 2004, motor vehicle accidental death rates ranged from 9.1 to 17.3 in Frederick County; rates did not change significantly for Maryland or the U.S. during this time.

Age-Adjusted Mortality: Motor Vehicle Accidents

(Annual Average Deaths per 100,000 Population)



	1999	2000	2001	2002	2003	2004
Frederick County	11.6	14.6	17.3	9.1	14.9	11.8
Maryland	11.9	11.8	13.3	13.3	13.0	12.1
United States	15.4	15.2	15.3	15.7	15.3	15.3

Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2007.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-15a]

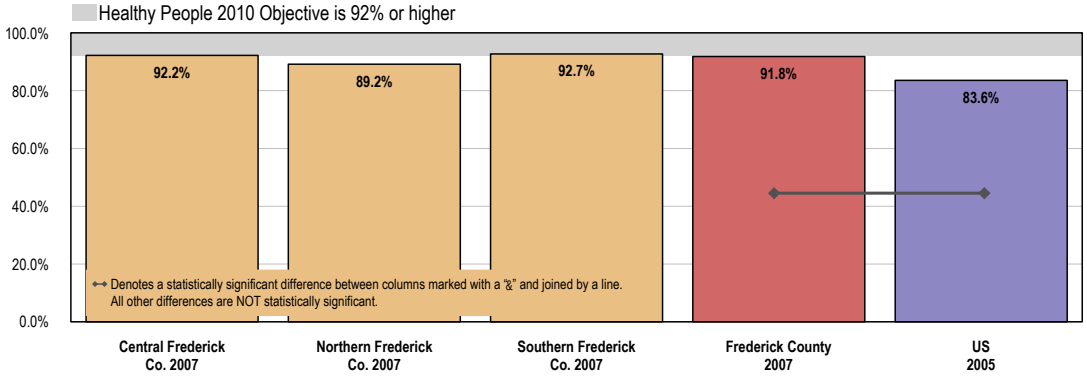
Note:
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Seat Belt Usage - Adults

Most Frederick County adults (91.8%) report "always" wearing a seat belt when driving or riding in a vehicle.

- Better than found nationally (78.3%).
- Similar to the Healthy People 2010 objective of 92% or higher.
- Similar by area.

"Always" Wear a Seat Belt When Driving or Riding in a Car

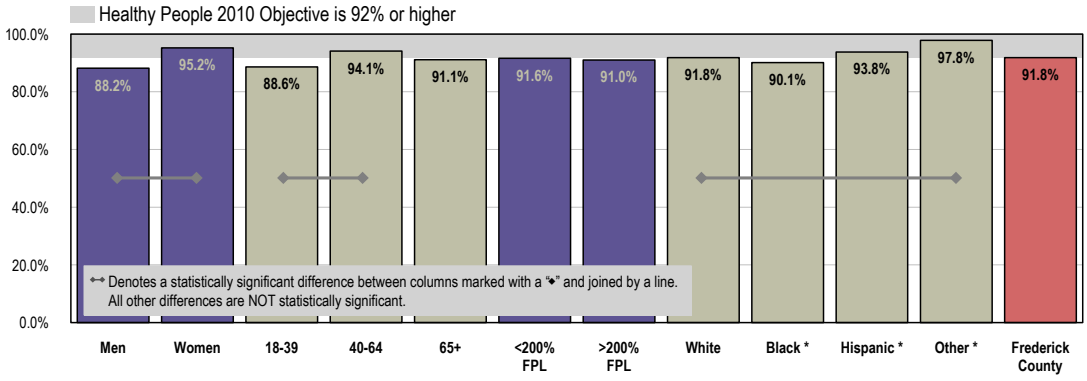


Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 58]
- 2005 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-19]

Note:
- Asked of all respondents.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

- Men and young adults (under age 40) are <u>less</u> likely to report consistent seat belt usage.
- Note also that seat belt usage is <u>higher</u> among "Other" race respondents (compared to White respondents).

"Always" Wear a Seat Belt When Driving or Riding in a Car
(Frederick County, 2007)



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 58]
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-19]

Note:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
- White, Black, and Other are non-Hispanic race categorizations.
- * **Please use caution when interpreting results among Black, Hispanic and Other race samples; each of these is based on fewer than 50 respondents.** If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

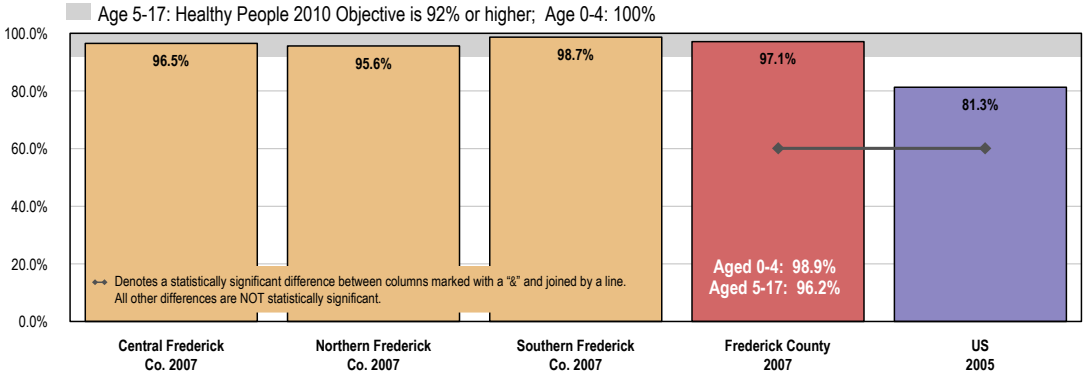
Seat Belt Usage - Children

A total of 97.1% of Frederick County parents report that their child (aged 0 to 17) "always" wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- Better than found nationally (81.3%).
- Similar by area.
- Among children under age 5, the Frederick County proportion is identical to the U.S. proportion (98.9%) and close to the Healthy People 2010 goal of 100%.
- Among children aged 5 through 17, the Frederick County proportion (96.2%) is much more favorable than the U.S. proportion (74.5%) and satisfies the target of 92% or higher.

Child "Always" Wears a Seat Belt or Appropriate Restraint When Riding in a Car

(Among Children Aged 0 to 17 Years)



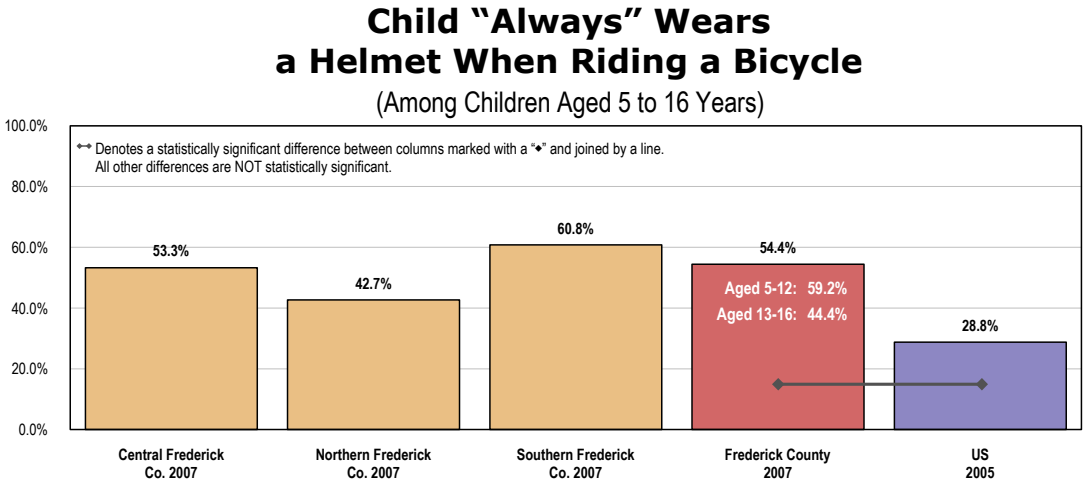
Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Items 143,174-175]
- 2005 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-19]

Note:
- Asked of respondents with children aged 0 to 17 living in the household.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Bicycle Safety

More than one-half (54.4%) of Frederick County children aged 5 to 16 are reported to "always" wear a helmet when riding a bicycle.

- Nearly twice the national finding (28.8%).
- Statistically similar among the three sub-county areas.
- Note that helmet usage appears to drops off somewhat past the age of 12, although the difference between ages 5-12 and 13-16 is not statistically significant.



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 146]
- 2005 PRC National Health Survey, Professional Research Consultants.

Note:
- Asked of respondents with children aged 5 to 16.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Age-Adjusted Intentional Injury Deaths

Homicide

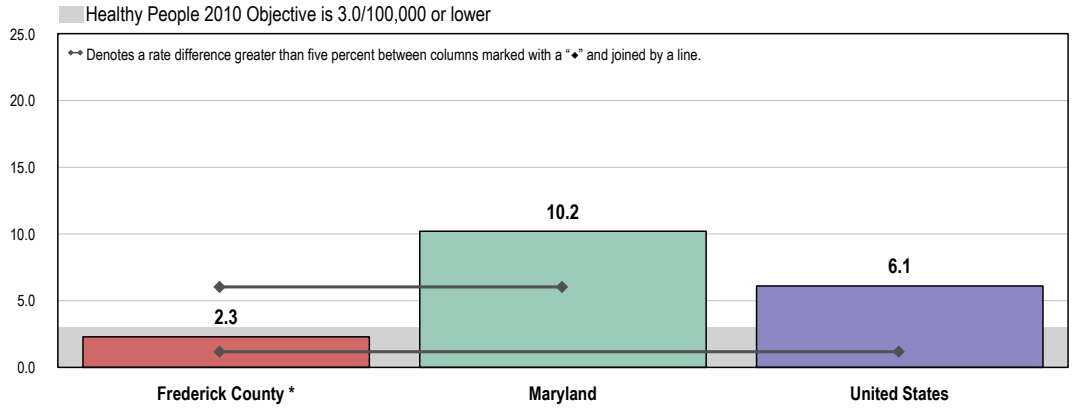
Between 2002 and 2004, the annual average age-adjusted homicide death rate in the area was 2.3 deaths per 100,000 population.*

- Lower than the Maryland rate (10.2).
- Lower than the national rate (6.1).
- Satisfies the Healthy People 2010 goal of 3.0 or lower.

* *Note, however, that the Frederick County rate is not deemed statistically reliable.*

Age-Adjusted Mortality: Homicide

(2002-2004 Annual Average Deaths per 100,000 Population)



Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2007.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-32]

Note:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- * **NOTE: The Frederick County rate is not deemed statistically reliable.**

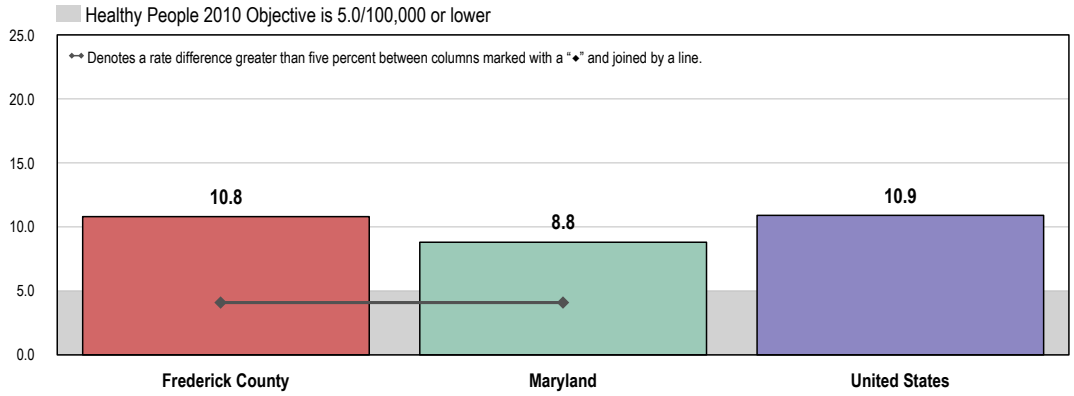
Suicide

Between 2002 and 2004, the annual average age-adjusted suicide death rate in Frederick County was 10.8 deaths per 100,000 population.

- Less favorable than the statewide rate (8.8).
- Nearly identical to the national rate (10.9).
- Twice the Healthy People 2010 objective (5.0 or lower).

Age-Adjusted Mortality: Suicide

(2002-2004 Annual Average Deaths per 100,000 Population)



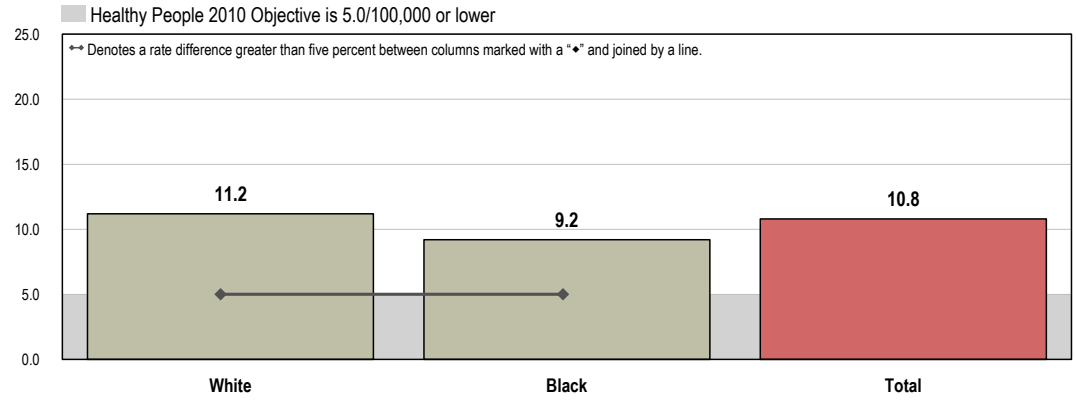
Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2007.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 18-1]

Note:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Suicide mortality rates between 2002-2004 were somewhat higher among Whites in Frederick County when compared to Blacks.

Age-Adjusted Mortality: Suicide

(2002-2004 Annual Average Deaths per 100,000 Population; Frederick County by Race)



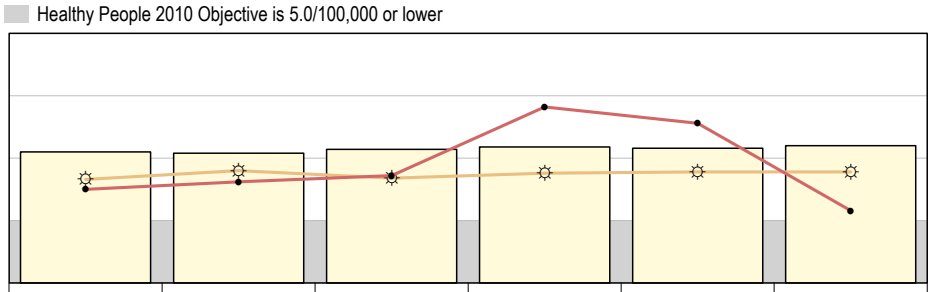
Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2007.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 18-1]

Note:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- The Frederick County rate among Blacks is not statistically reliable.

- Frederick County experienced a jump in suicide death rates in 2002 and 2003. The age-adjusted death rate decreased considerably in 2004.

Age-Adjusted Mortality: Suicide

(Annual Average Deaths per 100,000 Population)



	1999	2000	2001	2002	2003	2004
Frederick County	7.5	8.1	8.6	14.1	12.8	5.8
Maryland	8.3	9.0	8.4	8.8	8.9	8.9
United States	10.5	10.4	10.7	10.9	10.8	11.0

Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2007.
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 18-1]

Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

(Related Issue: see also "Mental Health.")

Violent Crime

Violence claims the lives of many of the Nation's young persons and threatens the health and well-being of many persons of all ages in the United States. On an average day in America, 53 persons die from homicide, and a minimum of 18,000 persons survive interpersonal assaults, 84 persons complete suicide, and as many as 3,000 persons attempt suicide.

Youth continue to be involved as both perpetrators and victims of violence. Elderly persons, females, and children continue to be targets of both physical and sexual assaults, which are frequently perpetrated by individuals they know.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Violent Crime Rates

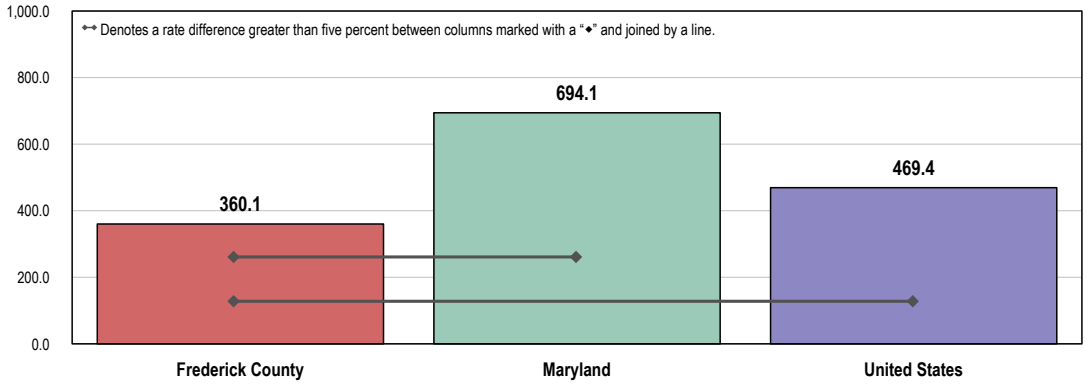
The following chart illustrates violent crime rates as reported in Frederick County between 2004 and 2006. Note that violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault.

In Frederick County, there was an annual average of 360.1 violent crimes per 100,000 population between 2004 and 2006.

- More favorable than the corresponding Maryland rate (694.1).
- More favorable than that reported nationally (469.4).

Violent Crime Rates

(2004-2006 Annual Average Violent Crimes per 100,000 Population)

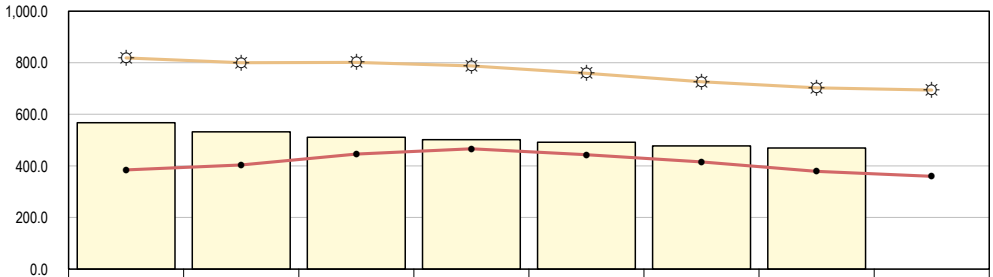


Source: • Maryland Department of Crime
Note: • Rates are per 100,000 population.
• Violent crime is composed of four offenses: murder and nonnegligent manslaughter, forcible rape, robbery, and aggravated assault.
• Note: the U.S. rate is for 2003-2005.

- Between the 1997-1999 and 2004-2006 reporting periods, the Frederick County violent crime rate trended upward, peaking in 2000-2002, and has since trended back downward.
- Note that violent crime rates are declining statewide and nationally.

Violent Crime Rates

(Annual Average Violent Crimes per 100,000 Population)



	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
Frederick County	384.3	404.0	446.0	466.2	443.3	415.5	379.2	360.1
Maryland	818.7	800.1	801.5	787.8	759.0	726.4	702.5	694.1
United States	567.2	532.4	511.3	501.8	491.6	477.8	469.4	

Source: • Maryland Department of Crime
Note: • Rates are per 100,000 population.
• Violent crime is composed of four offenses: murder and nonnegligent manslaughter, forcible rape, robbery, and aggravated assault.
• Note: it is possible that not all agencies report for a given year.

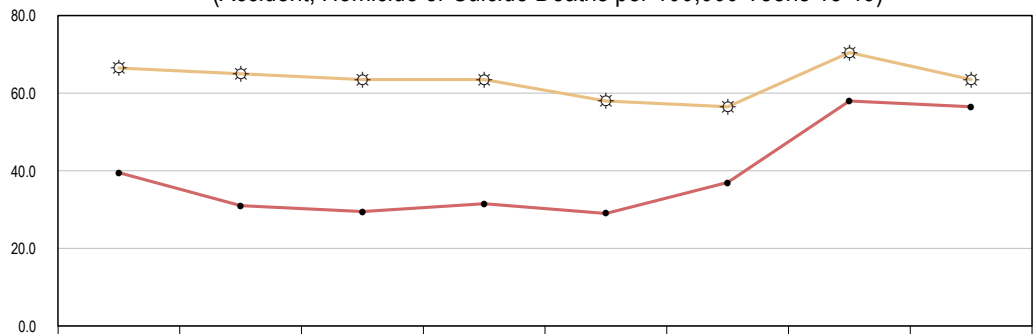
Teen Violence

Next, violent deaths among teens aged 15-19 are charted from 1996 to 2003. In this case, deaths include accidents, homicides, and suicides among teens. Data is compiled from KIDS COUNT, a project of the Annie E. Casey Foundation.

- Note the upward trend in violent teen deaths in recent years in both Frederick County and the state.

Teen Violent Death

(Accident, Homicide or Suicide Deaths per 100,000 Teens 15-19)



	1996	1997	1998	1999	2000	2001	2002	2003
Frederick Co.	39.5	31.0	29.5	31.5	29.0	37.0	58.0	56.5
Maryland	66.5	65.0	63.5	63.5	58.0	56.5	70.5	63.5

Source: • CLIKS: Community-Level Information on Kids. KIDS COUNT, a Project of the Annie E. Casey Foundation. 2007.
• Maryland Department of Health and Mental Hygiene

Note: • This data element is the number of deaths by accident, homicide or suicide of teens ages 15-19, per 100,000 teens 15-19.
• *Due to the small number of events at the county level, especially for the smaller counties, these rates are yielded through a multi-year analysis which combines 5 years of data to produce a more stable and more reliable rate. Please be aware when evaluating these data the data label may say 2002 but is actually and analysis of data from 1998-2002.

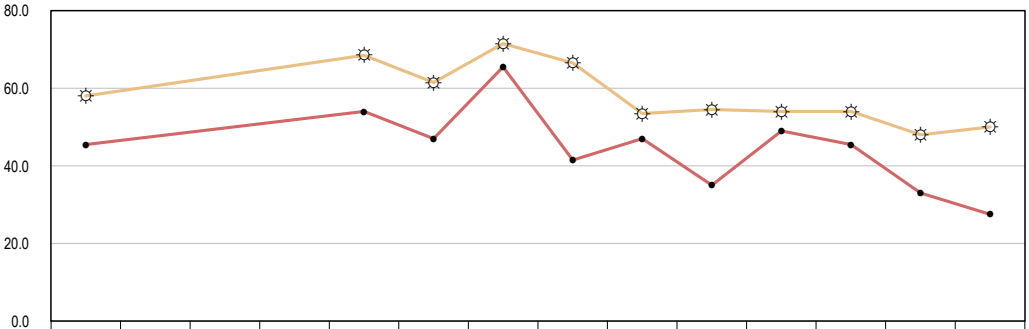
Juvenile Violent Crime

In the following chart, juvenile violent crime rates include the number of arrests of juveniles for a violent offense (i.e. homicide, aggravated assault, forcible rape, or robbery) per 10,000 youths aged 10 through 17.

- County rates have trended downward for the past several years.

Juvenile Violent Crime

(Arrests for a Violent Offense per 10,000 Youths Aged 10-17)



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Frederick Co.	45.5				54.0	47.0	65.5	41.5	47.0	35.0	49.0	45.5	33.0	27.5
Maryland	58.0				68.5	61.5	71.5	66.5	53.5	54.5	54.0	54.0	48.0	50.0

Source: • CLIKS: Community-Level Information on Kids. KIDS COUNT, a Project of the Annie E. Casey Foundation. 2007.

Note: • This rate is the number of arrests of juveniles for a violent offense (i.e. homicide, aggravated assault, forcible rape and robbery), per 10,000 youths ages 10-17.

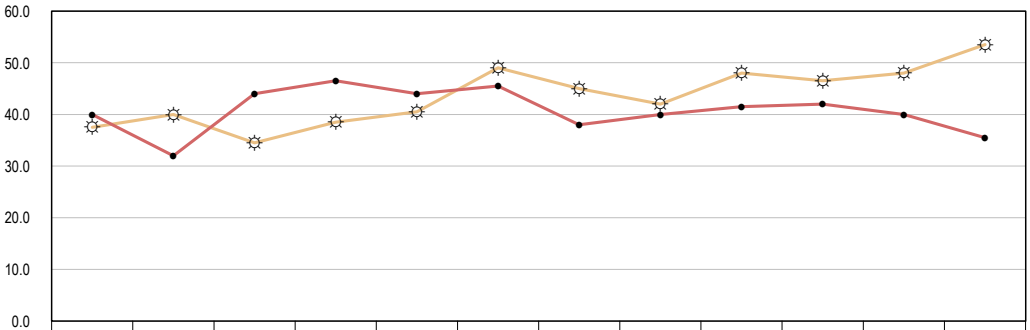
School Violence

School violence rates include violence-related suspensions and expulsions (resulting from verbal or physical attacks against teachers, students, or staff) per 1,000 students.

- Frederick County school violence trended downward in recent years, contrasting the upward trend reported across Maryland.

School Violence

(Violence-Related Suspensions/Expulsions per 1,000 Students)



	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Frederick Co.	40.0	32.0	44.0	46.5	44.0	45.5	38.0	40.0	41.5	42.0	40.0	35.5
Maryland	37.5	40.0	34.5	38.5	40.5	49.0	45.0	42.0	48.0	46.5	48.0	53.5

Source: • CLIKS: Community-Level Information on Kids. KIDS COUNT, a Project of the Annie E. Casey Foundation. 2007.
• Maryland State Department of Education

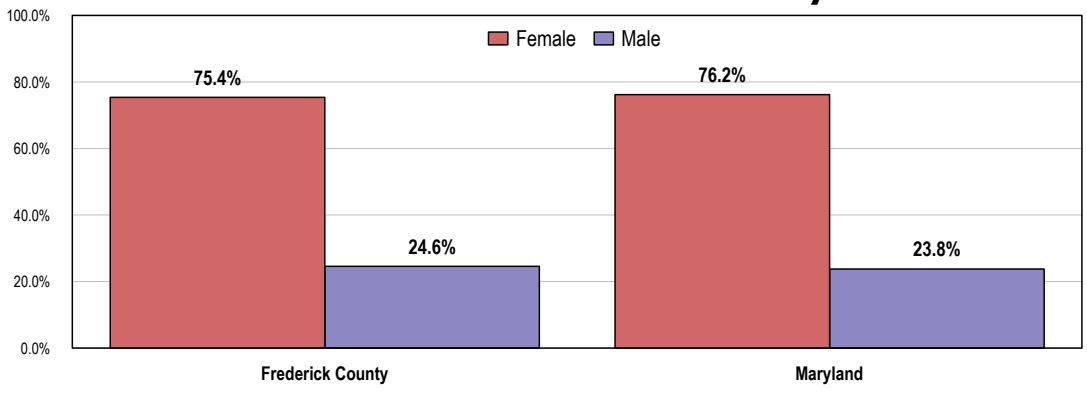
Note: • Violence-related suspension is the number of suspensions or expulsions resulting from verbal or physical attacks against teachers, students or staff, per 1,000 students.

Family Violence

In 2006, three-fourths (75.4%) of Frederick County domestic violence crimes were committed against females.

- Similar to the 76.2% reported across Maryland.

2006 Domestic Violence Victims by Gender



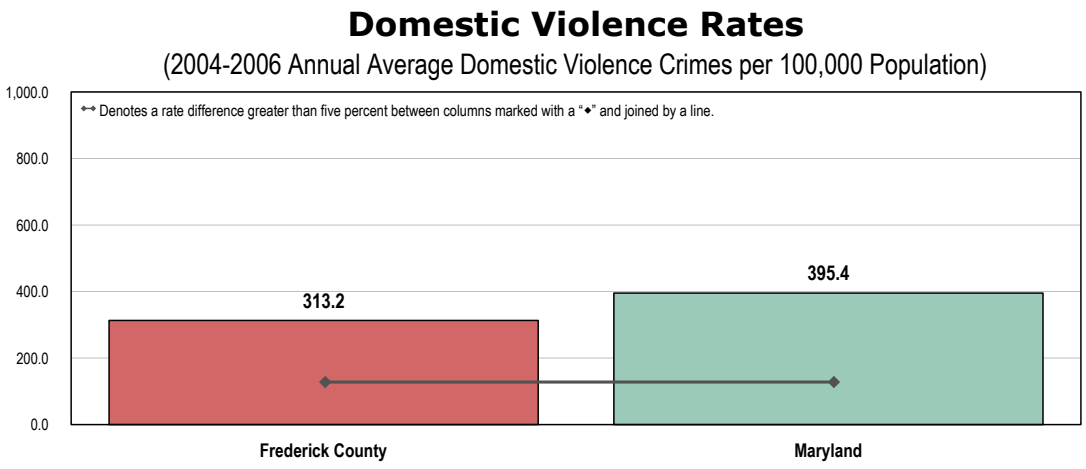
Source: • Maryland Department of Crime

Note: • Numbers are percentages of all domestic violence crimes in 2006.
• Domestic crimes are defined as crimes committed by family or household members, as well as against disabled adults by their caregivers.

Domestic Violence Rates

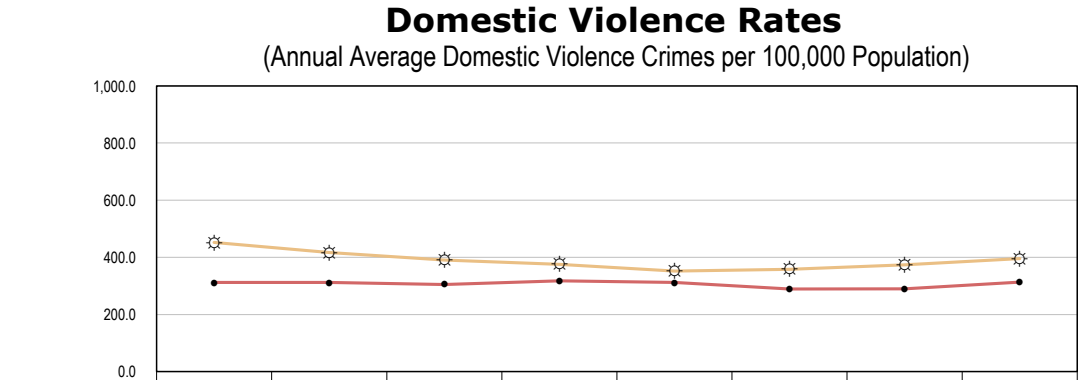
Between 2004 and 2006, Frederick County reported 313.2 domestic violence crimes per 100,000 population.

- More favorable than the 395.4 reported across Maryland.



Source: • Maryland Department of Crime
Note: • Rates are per 100,000 population.
• Domestic crimes are defined as crimes committed by family or household members, as well as against disabled adults by their caregivers.

- Domestic violence rates (reported offenses) remained fairly stable across Frederick County between 1997 and 2006.

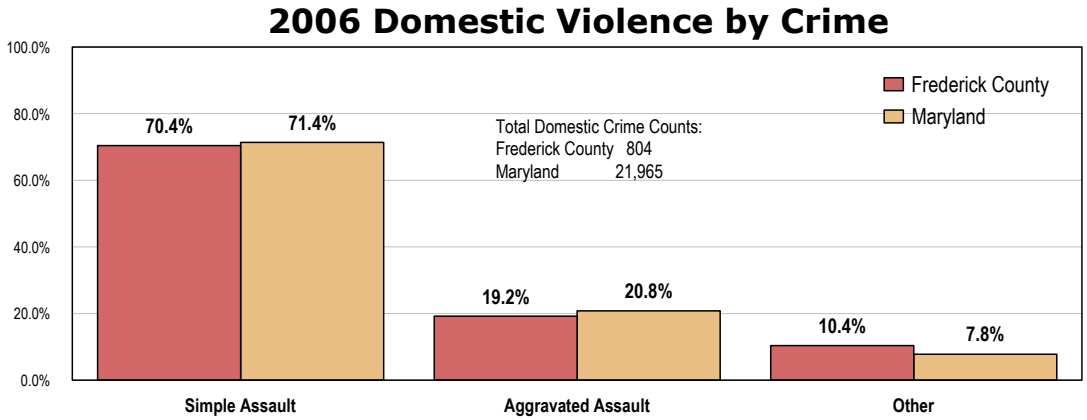


	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
Frederick County	312.4	312.0	305.0	317.9	312.2	289.3	289.5	313.2
Maryland	452.3	416.9	390.4	375.3	352.0	357.9	373.6	395.4

Source: • Maryland Department of Crime
Note: • Rates are per 100,000 population.
• Domestic crimes are defined as crimes committed by family or household members, as well as against disabled adults by their caregivers.

Viewed by crime, 2006 domestic violence in Frederick County was comprised mainly of simple assault (70.4%) and aggravated assault (19.2%).

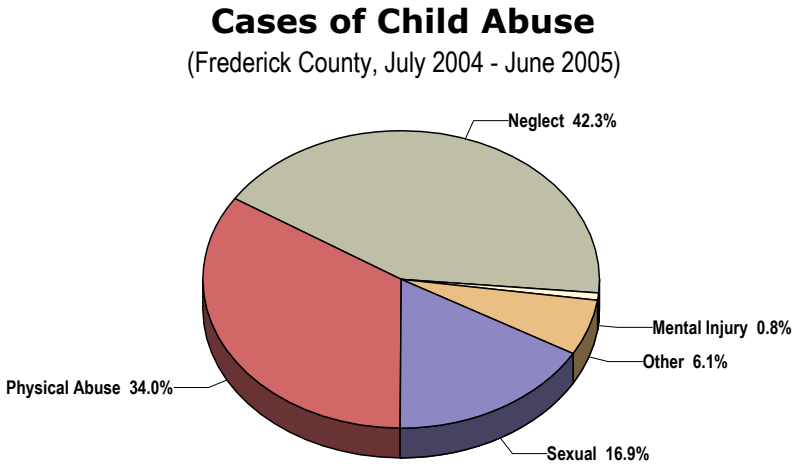
- Statewide, the breakout in domestic violence is similar.



Source: • Maryland Department of Crime
Note: • Rates are per 100,000 population.
• Domestic crimes are defined as crimes committed by family or household members, as well as against disabled adults by their caregivers.

Child Abuse Reports

With regard to cases of child abuse in Frederick County, 42.3% of cases between July 2004 and June 2005 were classified as neglect, followed by 34.0% physical abuse, 16.9% sexual abuse, and 0.8% mental injury.

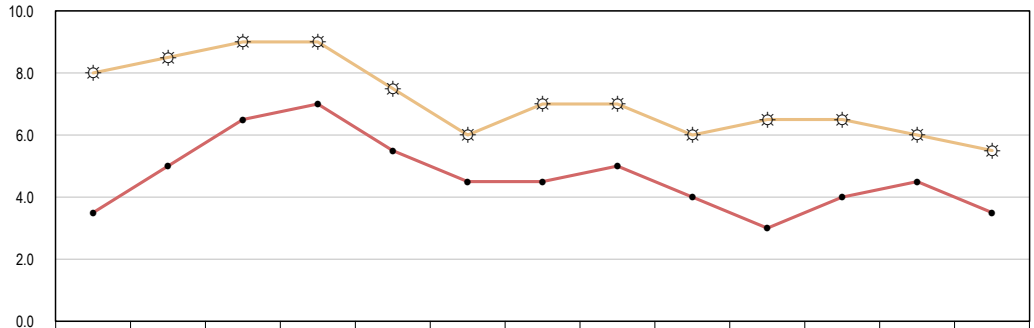


Source: • State of Maryland Department of Human Resources, Child Protective Services
Note: • Percentages are of the total 1,553 cases of child abuse in Frederick County ffrom July 2004 through June 2005.

- Case rates of child abuse and neglect in Frederick County (and Maryland overall) have trended downward in recent years.

Child Abuse & Neglect

(Child Abuse and Neglect Investigations per 1,000 children 0-18)



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Frederick Co.	3.5	5.0	6.5	7.0	5.5	4.5	4.5	5.0	4.0	3.0	4.0	4.5	3.5
Maryland	8.0	8.5	9.0	9.0	7.5	6.0	7.0	7.0	6.0	6.5	6.5	6.0	5.5

Source:
- CLIKS: Community-Level Information on Kids. KIDS COUNT, a Project of the Annie E. Casey Foundation. 2007.
- Maryland Department of Human Resources.

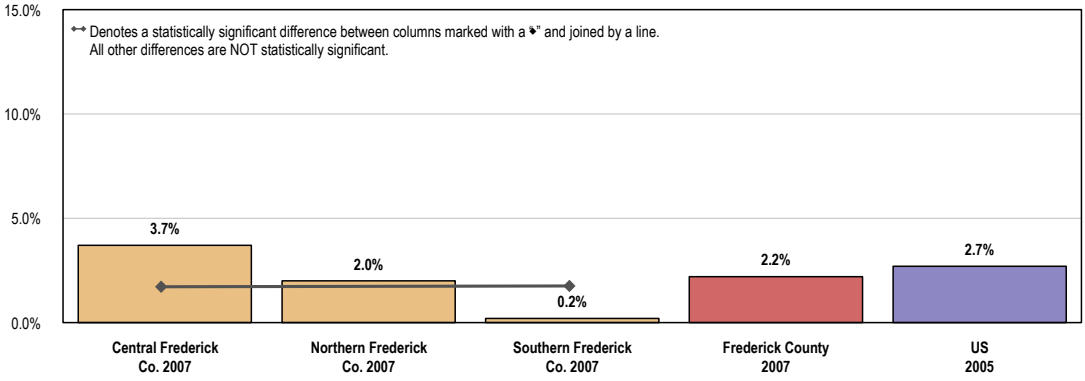
Note:
- This data element is the rate of indicated child abuse and neglect investigations per 1,000 children 0-18.
- The data must be interpreted with caution. First, the number of indicated investigations is not the true occurrence of child abuse in our community, it is only a proxy measure or an estimation of the magnitude of the problem. Second, changes in the child welfare system in Maryland may affect how many cases are investigated and how they are dispositioned.

Self-Reported Domestic Violence

Among surveyed adults, 2.2% acknowledged being the victim of domestic violence in the past five years.

- Statistically similar to national findings (2.7%).
- Ranges from 0.2% in Southern Frederick County to 3.7% in Central Frederick County (statistically significant difference between these two sub-county areas).

Victim of Domestic Violence in the Past Five Years



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 59]
- 2005 PRC National Health Survey, Professional Research Consultants.

Note:
- Asked of all respondents.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Related Focus Group Findings

The cultural issue of domestic violence was discussed during focus group sessions, particularly the Allied Health forum.

> *Domestic violence is something that's just a whole lot more acceptable in Latin American countries and so we have to be very careful with the cultural boundaries and the cultural assertions.* Allied Health

DIABETES

Diabetes affects nearly 16 million Americans and contributes to about 200,000 deaths a year. Diabetes can cause heart disease, stroke, blindness, kidney failure, leg and foot amputations, pregnancy complications, and deaths related to influenza and pneumonia. About 5.4 million Americans are unaware they have the disease.

- Among U.S. adults, diagnosed diabetes (including gestational diabetes) increased 49% from 1990 to 2000. The largest increase was among people aged 30–39. Type 2 affects 90%–95% of people with diabetes and is linked to obesity and physical inactivity.
- More than 18% of U.S. adults older than age 65 have diabetes.
- Diabetes affects more women than men.

The direct and indirect costs of diabetes in America are nearly $100 billion a year.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

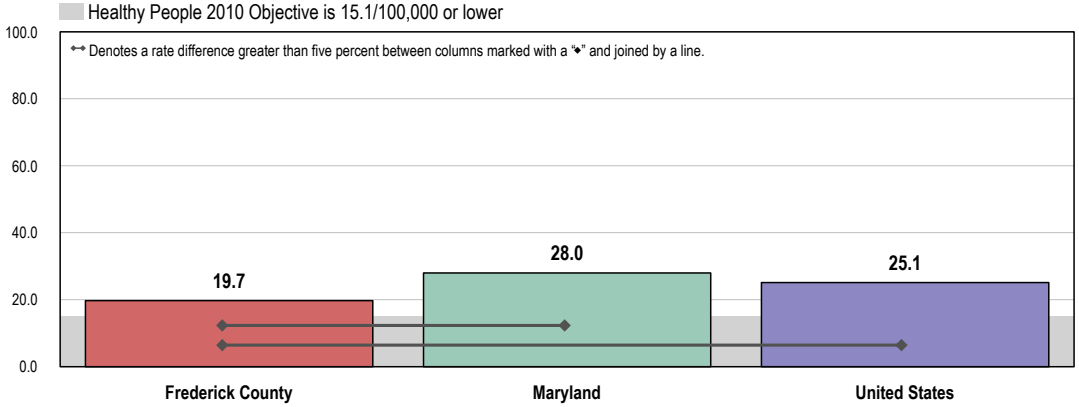
Age-Adjusted Diabetes Mellitus Deaths

Between 2002 and 2004, there was an annual average of 19.7 age-adjusted diabetes mellitus deaths per 100,000 population in Frederick County.

- Better than the statewide rate (28.0).
- Better than the U.S. rate (25.1).
- Fails to satisfy the Healthy People 2010 objective of 15.1 or lower.

Age-Adjusted Mortality: Diabetes Mellitus

(2002-2004 Annual Average Deaths per 100,000 Population)



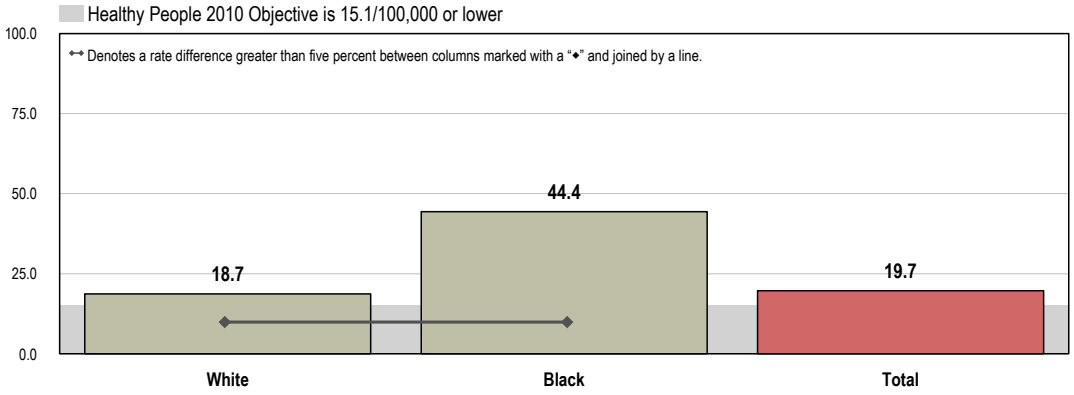
Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office,Division of Public Health Surveillance and Informatics. Data extracted August 2007.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC:U.S. Government Printing Office, November 2000. [Objective 15-13]

Note:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- *The Healthy People 2010 target for diabetes is adjusted to account for only diabetes mellitus coded deaths [Objective 5-5].

- The age-adjusted diabetes mellitus death rate among Blacks (44.4) in Frederick County is more than twice the rate among Whites (18.7).

Age-Adjusted Mortality: Diabetes Mellitus

(2002-2004 Annual Average Deaths per 100,000 Population; Frederick County by Race)



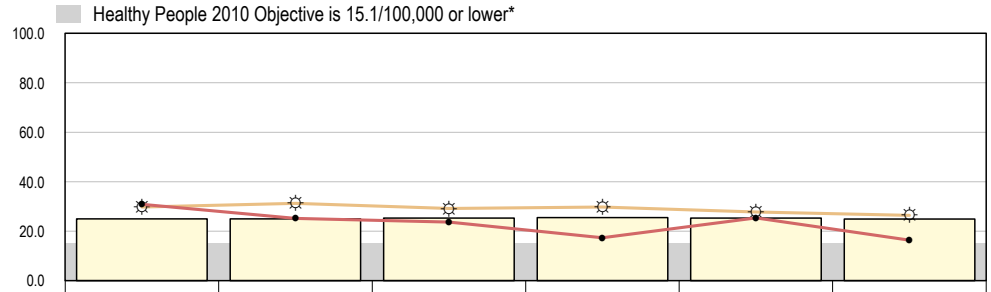
Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office,Division of Public Health Surveillance and Informatics. Data extracted August 2007.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC:U.S. Government Printing Office, November 2000. [Objective 15-13]

Note:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- *The Healthy People 2010 target for diabetes is adjusted to account for only diabetes mellitus coded deaths [Objective 5-5].

- Between 1999 and 2004, age-adjusted diabetes mellitus mortality rates decreased by nearly half in Frederick County (despite an increase in 2003).
- The downward trends in Maryland and the U.S. overall are less dramatic.

Age-Adjusted Mortality: Diabetes Mellitus

(Annual Average Deaths per 100,000 Population)



	1999	2000	2001	2002	2003	2004
Frederick County	30.9	25.2	23.7	17.4	25.4	16.4
Maryland	29.8	31.3	29.2	29.8	27.8	26.4
United States	25.0	25.0	25.3	25.5	25.3	24.9

Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office,Division of Public Health Surveillance and Informatics. Data extracted August 2007.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC:U.S. Government Printing Office, November 2000. [Objective 15-13]

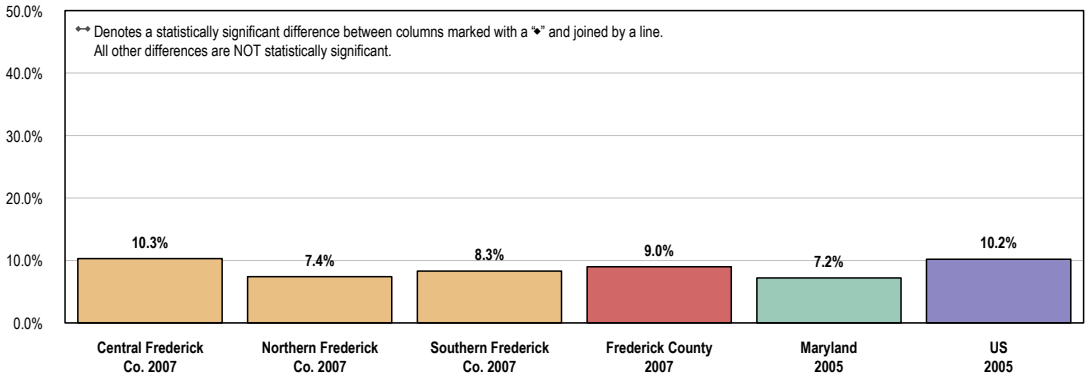
Note:
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- *The Healthy People 2010 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths [Objective 5-5].

Prevalence of Diabetes

Among surveyed Frederick County residents, 9.0% report having been diagnosed with diabetes.

- Statistically similar to the 7.2% reported throughout Maryland.
- Statistically similar to the national proportion (10.2%).
- Statistically similar among the three sub-county areas.

Self-Reported Prevalence of Diabetes



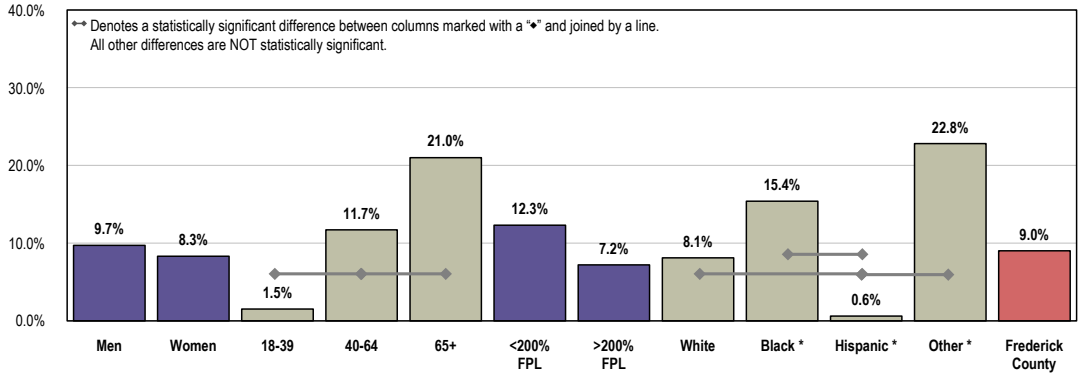
Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 44]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Maryland data.
- 2005 PRC National Health Survey, Professional Research Consultants.

Note:
- Asked of all respondents. Excludes gestational diabetes.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

- Note the positive correlation of diabetes with age (with 21.0% of seniors with diabetes).
- "Other" race respondents report a notably higher prevalence when compared to White respondents.
- In contrast, Hispanic respondents report a particularly low prevalence of diagnosed diabetes, compared to other racial/ethnic groups.

Self-Reported Prevalence of Diabetes

(Frederick County, 2007)



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 44]

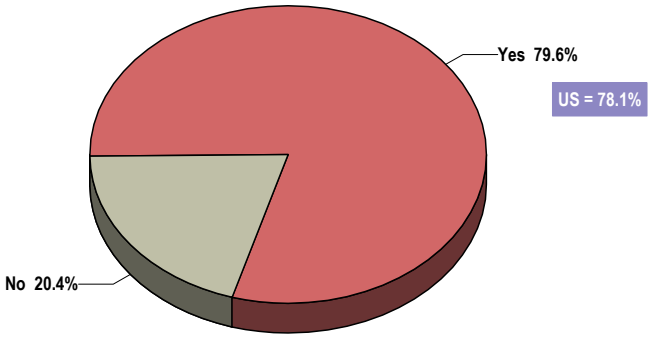
Note:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
- White, Black, and Other are non-Hispanic race categorizations.
- * **Please use caution when interpreting results among Black, Hispanic and Other race samples; each of these is based on fewer than 50 respondents.** If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Among Frederick County adults with diabetes, most (79.6%) are currently taking insulin or some type of medication to manage their condition.

- Similar to the 78.1% found nationally.
- Similar by sub-county area (not shown).

Currently Taking Insulin or Other Medicine for Diabetes

(Frederick County, 2007; Among Adults With Diabetes)



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 45]
• 2005 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of those respondents who have been diagnosed with diabetes.

Among respondents with children under 18, none indicated that a child at home is diabetic.

Related Focus Group Findings

Diabetes in Frederick County was discussed frequently within each of the focus groups. The following quote sums up the general consensus on diabetes: that type 2 diabetes is a preventable disease best treated with education and awareness.

> *Type 2 diabetes is preventable with diet and exercise. We need a huge, proactive health and wellness program for that so that more resources can be directed to those people who can't prevent their diseases.* Allied Health

ARTHRITIS, OSTEOPOROSIS & CHRONIC PAIN

The current and projected growth in the number of people aged 65 years and older in the United States has focused attention on preserving quality of life as well as length of life. Chief among the factors involving preserving quality of life are the prevention and treatment of musculoskeletal conditions—the major causes of disability in the United States. Among musculoskeletal conditions, arthritis and other rheumatic conditions, osteoporosis, and chronic back conditions have the greatest impact on public health and quality of life.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

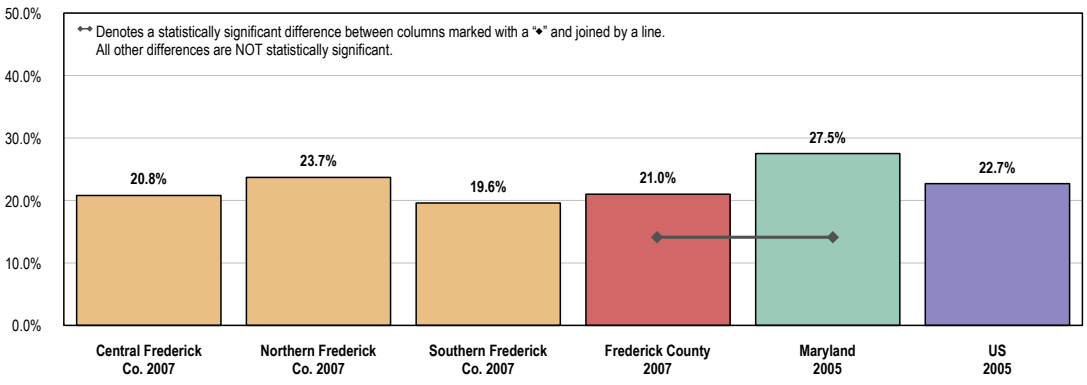
Prevalence of Arthritis & Osteoporosis

Arthritis & Rheumatism

In all, 21.0% of Frederick County adults report suffering from arthritis or rheumatism.

- More favorable than the statewide prevalence (27.5%).
- Similar to that found nationwide (22.7%).
- Similar by area.
- Among Frederick County adults aged 65 and older, the prevalence of arthritis or rheumatism is 39.9%.

Self-Reported Prevalence of Arthritis/Rheumatism



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 32]
- 2005 PRC National Health Survey, Professional Research Consultants.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Maryland data.

Note:
- Asked of all respondents.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

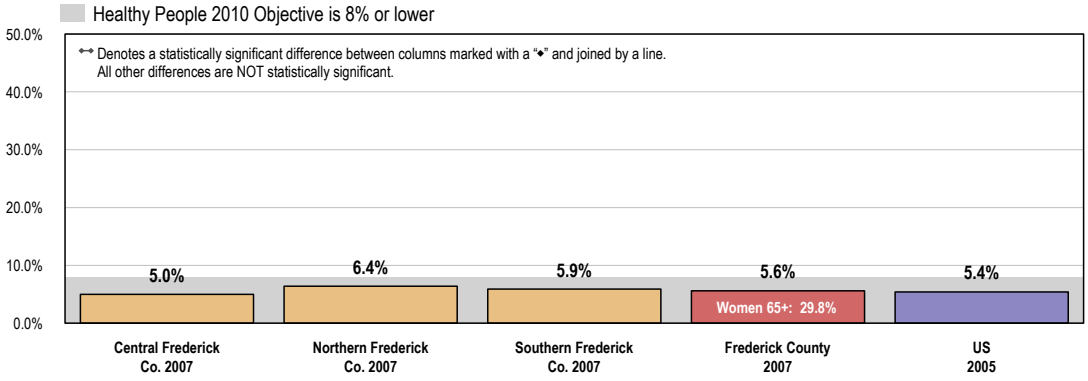
Osteoporosis

A total of 5.6% of Frederick County adults report suffering from osteoporosis.

- Comparable to that found nationwide (5.4%).
- Similar among the three areas.

Further note that osteoporosis is much more prevalent among women aged 65 and older (affecting 29.8% of this segment).

Self-Reported Prevalence of Osteoporosis



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 38]
- 2005 PRC National Health Survey, Professional Research Consultants.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Maryland data.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 2-9]

Note:
- Asked of all respondents.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Prevalence of Chronic Pain

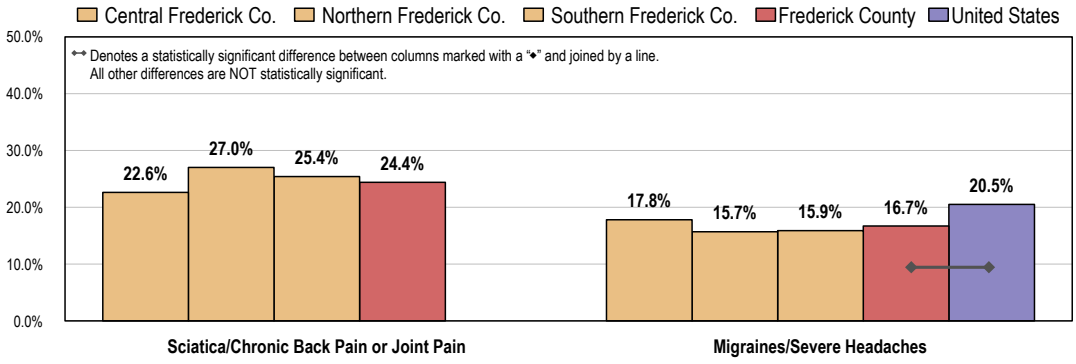
Nearly one out of four Frederick County adults (24.4%) reports suffering from sciatica, chronic back pain or joint pain.

- Similar among the three sub-county areas.

A total of 16.7% of county adults suffer from migraines or severe headaches.

- More favorable than the 20.5% reported across the United States.
- Similar among the three sub-county areas.

Self-Reported Prevalence of Chronic Pain



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Items 33, 41]
- 2005 PRC National Health Survey, Professional Research Consultants.

Note:
- Asked of all respondents.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

DISABILITY & SECONDARY CONDITIONS

An estimated 54 million persons in the United States, or nearly 20 percent of the population, currently live with disabilities. The increase in disability among all age groups indicates a growing need for public health programs serving people with disabilities.

The direct medical and indirect annual costs associated with disability [in the U.S.] are more than $300 billion, or 4 percent of the gross domestic product. This total cost includes $160 billion in medical care expenditures (1994 dollars) and lost productivity costs approaching $155 billion.

The health promotion and disease prevention needs of people with disabilities are not nullified because they are born with an impairing condition or have experienced a disease or injury that has long-term consequences. People with disabilities have increased health concerns and susceptibility to secondary conditions. Having a long-term condition increases the need for health promotion that can be medical, physical, social, emotional, or societal.

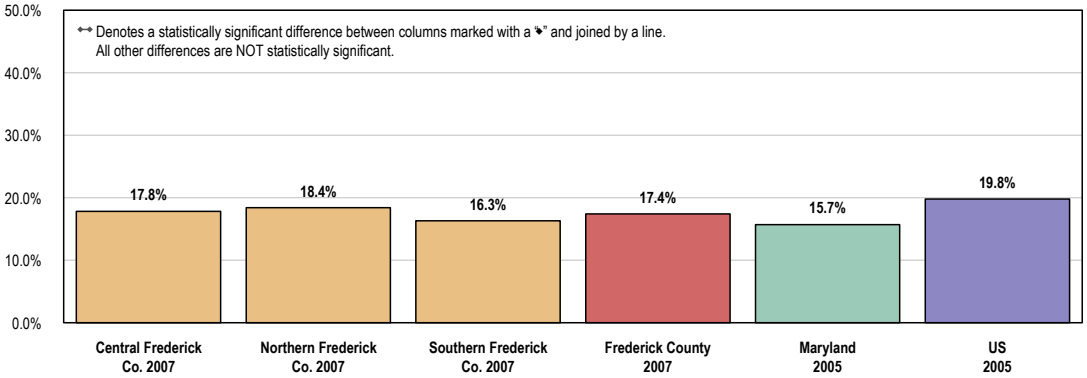
– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Activity Limitations

Fewer than one out of five Frederick County adults (17.4%) is limited in some way in some activities due to a physical, mental or emotional problem.

- Similar to the 15.7% prevalence in Maryland.
- Similar to the 19.8% prevalence nationwide.
- Similar among the three sub-county areas.
- This represents over 30,000 Frederick County adults.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 112]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Maryland data.
- 2005 PRC National Health Survey, Professional Research Consultants.

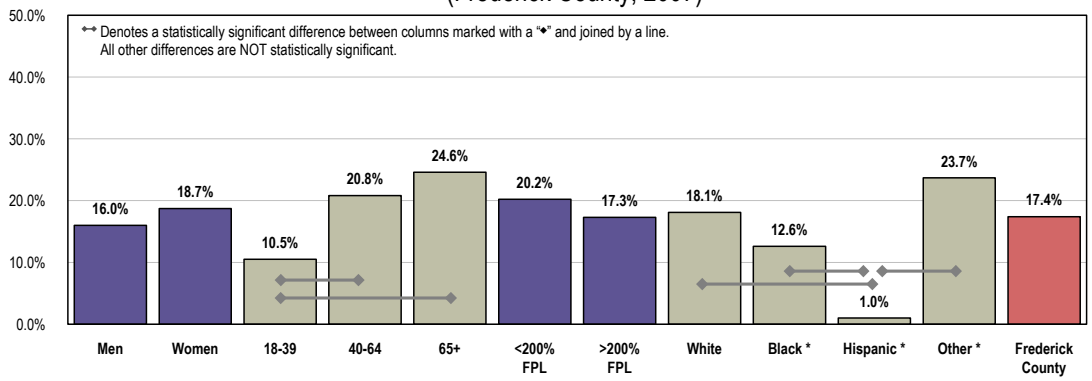
Note:
- Asked of all respondents.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

In looking at responses by key demographic characteristics, note that activity limitations are much less often reported among:

- Adults under age 40.
- Hispanic respondents.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem

(Frederick County, 2007)

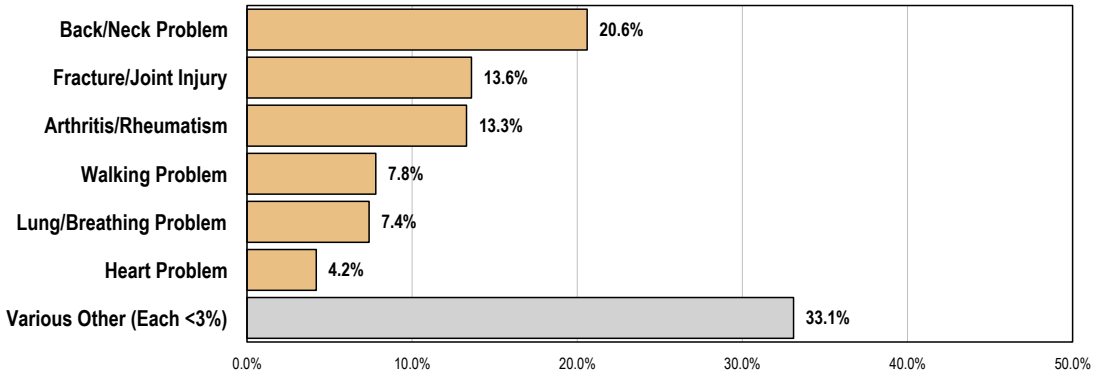


Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 112]
Note: • Asked of all respondents.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White, Black, and Other are non-Hispanic race categorizations.
* **Please use caution when interpreting results among Black, Hispanic and Other race samples; each of these is based on fewer than 50 respondents.** If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Among persons reporting activity limitations, these are most often attributed to musculoskeletal issues, such as back/neck problems, fractures/joint injuries, or arthritis/rheumatism.

Type of Problem That Limits Activities

(Among Those Reporting Activity Limitations; Frederick County, 2007)



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 113]
Note: • Reflects those respondents who experience activity limitations.

Children's Disabilities & Developmental Disorders

Survey respondents with children under 18 at home were next asked to indicate whether a child at home suffers from any of the following disabilities or disorders: speech or language problems; learning disabilities; mental retardation; neurological problems; epilepsy or seizures; and/or orthopedic or skeletal problems.

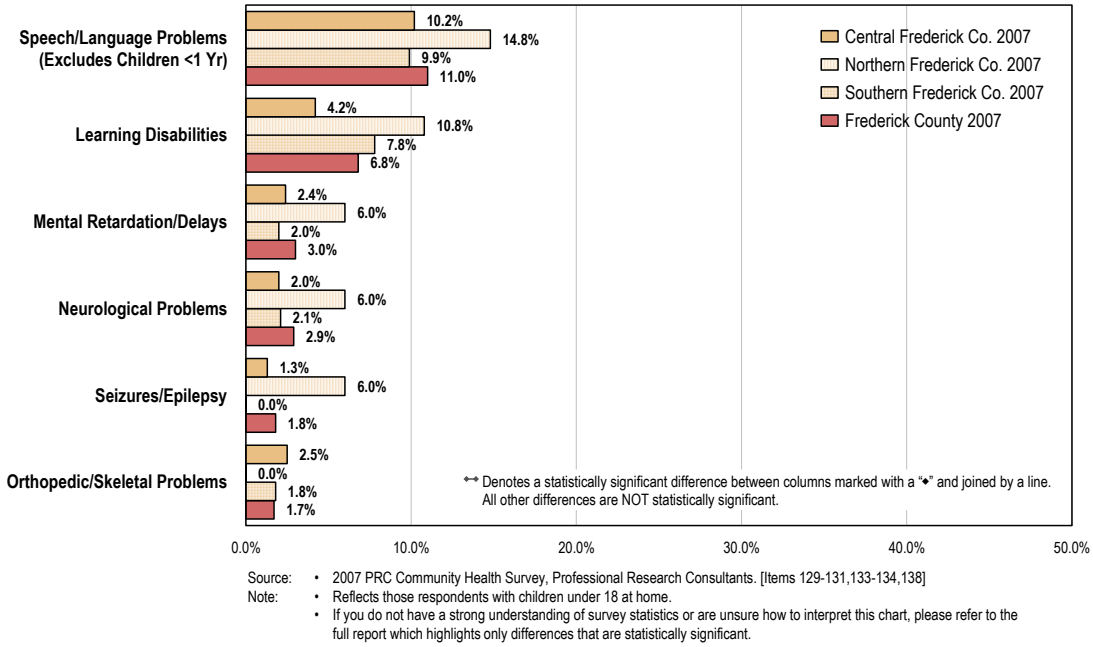
More than 1 in 10 (11.0%) Frederick County children are affected by speech or language problems. Another 6.8% are affected by learning disabilities.

Fewer are affected by mental retardation or delays (3.0%), neurological problems (2.9%), seizures/epilepsy (1.8%), or orthopedic/skeletal problems (1.7%). Note that no area parents reported that a child at home has been diagnosed with sickle-cell anemia.

- No significant differences are noted among the three sub-county areas for any of the conditions outlined in the following chart.

Disorders/Disabilities Among Children

(Among Respondents With Children Under 18; Frederick County, 2007)



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Items 129-131,133-134,138]
Note: • Reflects those respondents with children under 18 at home.
• If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Related Focus Group Findings

Social services providers voiced concerns for the disabled population in Frederick County, noting the difficulties among caregivers as well as the disabled residents themselves.

> *But you also have a lot of people between 18 and 64 who have multiple sclerosis, who have spinal cord injuries, who have all these other injuries, who are disabled, who don't qualify for this and they don't qualify for that. So they really are stuck. You talk about no resources.* Social Services Provider
>
> *One of the things we see is, in working with families that have children with disabilities, is just sheer exhaustion, which leads to a whole other list of health issues.* Social Services Provider
>
> *People cannot afford thirty to forty thousand dollars a year for the kind of in-home care they need, yet it's cheaper than a nursing home or an institution. But insurance and Medicare won't cut it. So they're caught. They're caught in some impossible situation.* Social Services Provider

VISION & HEARING

Among the five senses, people depend on vision and hearing to provide the primary cues for conducting the basic activities of daily life. At the most basic level, vision and hearing permit people to navigate and to stay oriented within their environment. These senses provide the portals for language, whether spoken, signed, or read. They are critical to most work and recreation and allow people to interact more fully. For these reasons, vision and hearing are defining elements of the quality of life. Either, or both, of these senses may be diminished or lost because of heredity, aging, injury, or disease. Such loss may occur gradually, over the course of a lifetime, or traumatically in an instant.

Conditions of vision or hearing loss that are linked with chronic and disabling diseases pose additional challenges for patients and their families. From the public health perspective, the prevention of either the initial impairment or additional impairment from these environmentally orienting and socially connecting senses requires significant resources. Prevention of vision or hearing loss or their resulting disabling conditions through the development of improved disease prevention, detection, or treatment methods or more effective rehabilitative strategies must remain a priority.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

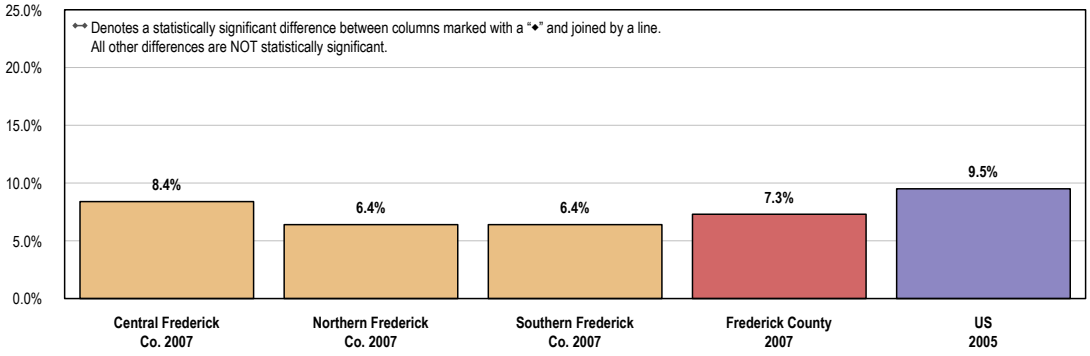
Hearing Trouble

Adults

In all, 7.3% of Frederick County adults report being deaf or having difficulty hearing.

- Similar to that found nationwide (9.5%).
- Similar among the three sub-county areas.

Self-Reported Prevalence of Hearing Problems



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 31]
- 2005 PRC National Health Survey, Professional Research Consultants.

Note:
- Asked of all respondents.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

- Among Frederick County adults aged 65 and older, 19.6% have partial or complete hearing loss (there is a positive correlation with age).

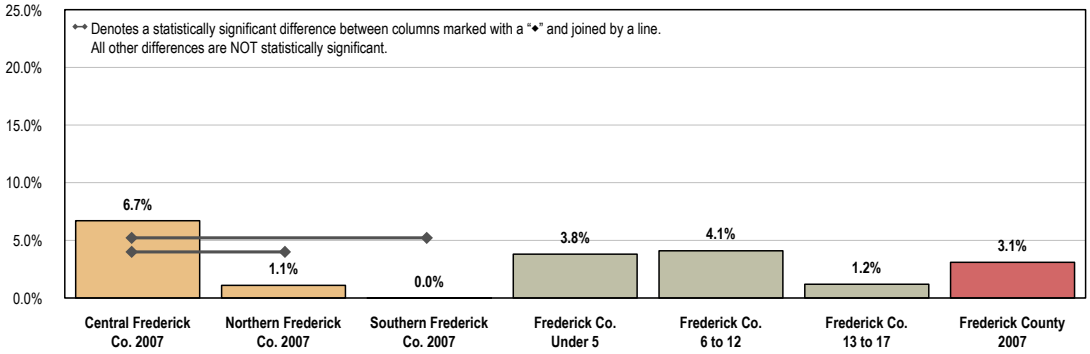
Children

Among respondents with children under 18 at home, 3.1% report that a child in the household suffers from deafness or trouble hearing.

- Highest in Central Frederick County (6.7%).
- No significant difference is found by child's age.

Hearing Problems Among Children

(Among Respondents With Children Under 18; Frederick County, 2007)



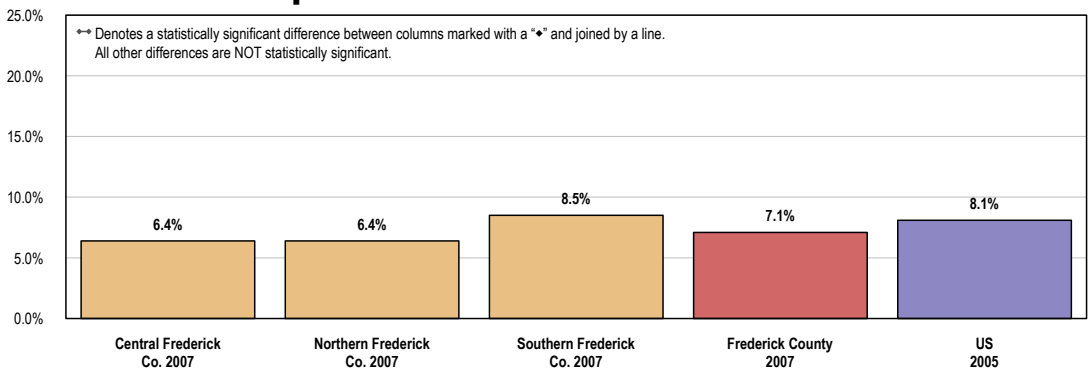
Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 132]
Note: • Asked of those respondents with children under 18.
• If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Vision Trouble

A total of 7.1% of Frederick County adults are blind, or have trouble seeing even when wearing corrective lenses.

- Similar to that found nationwide (8.1%).
- Similar among the three sub-county areas.

Self-Reported Prevalence of Vision Problems



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 30]
• 2005 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.
• If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

- Among Frederick County adults aged 65 and older, 12.9% have vision trouble.

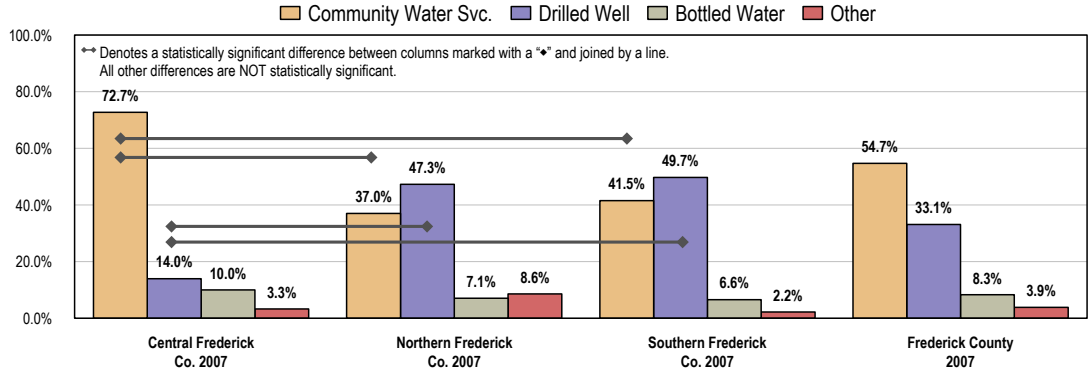
ENVIRONMENTAL HEALTH

Water & Sewer Supply

More than one-half (54.7%) of Frederick County survey respondents receive their home's water supply from a community-supplied service.

- Another 33.1% utilize a drilled well and 8.3% rely on bottled water.
- Note, however, that well use is predominant outside of Central Frederick County.

Primary Source of Home's Water Supply

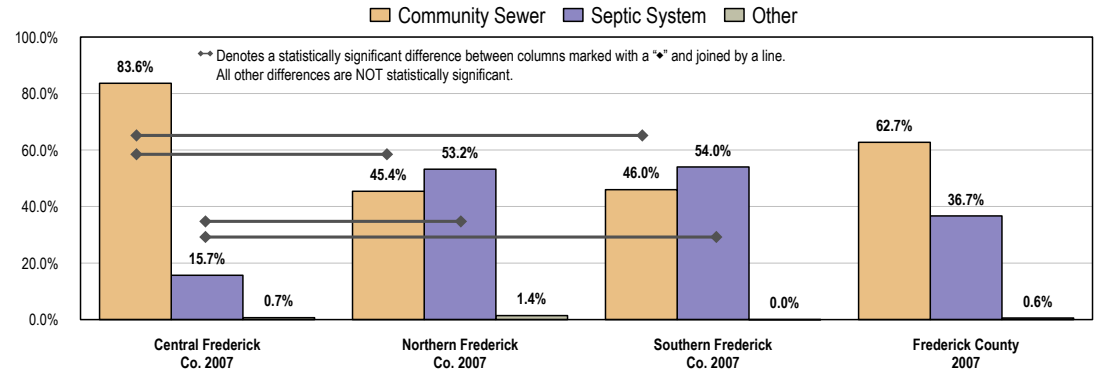


Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 53]
Note: • Asked of all respondents.
• If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

The majority of county residents rely on community sewage disposal (62.7%), while 36.7% have an individual septic system and 0.6% use a chemical toilet.

- For those in Northern or Southern Frederick County, most rely on an individual septic system for sewage disposal.

Type of Sewage Disposal in the Home



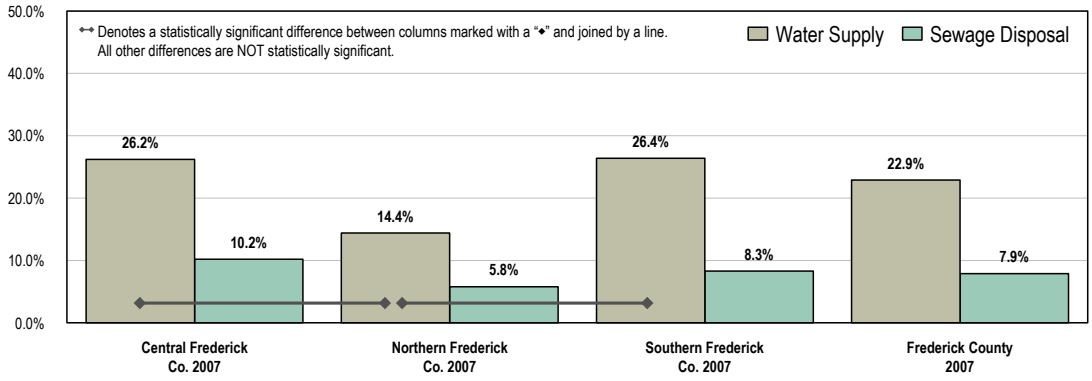
Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 55]
Note: • Asked of all respondents.
• If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Among respondents with non-community water supply or sewage disposal, 22.9% have had problems with their water supply in the past, and 7.9% have had waste disposal problems.

- Note that water supply problems (such as an off-taste, dirty or cloudy water, water with a chemical smell, or discoloration) are <u>less</u> common in Northern Frederick County.

Have Experienced Problems With Water Supply or Sewage Disposal in the Home

(Among Households Without Community-Supplied Water or Sewage Services)

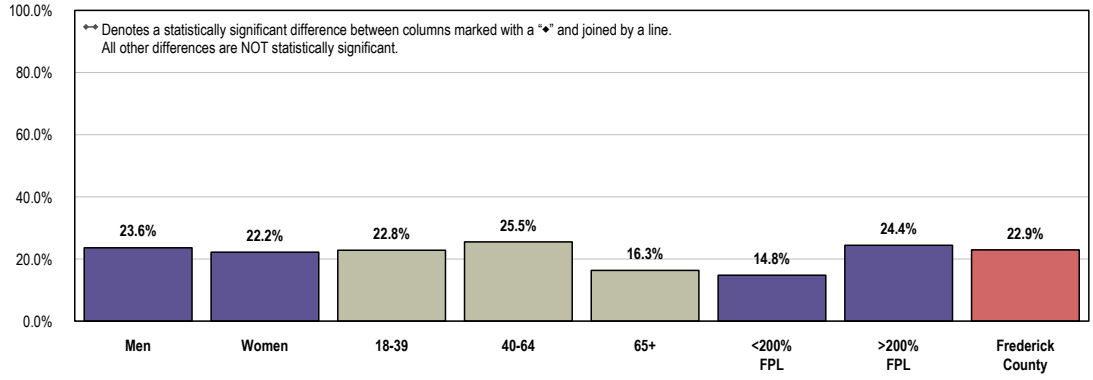


Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Items 54, 56]
Note: • Asked of those respondents without community-supplied water or sewage.
• Examples of water supply problems include water with an off-taste or color, dirty or cloudy water, water with a chemical smell, or discoloration.
• Examples of sewage disposal problems include sewage backing up into the house, overflow onto the ground, unusually green grass in parts of the yard, or sewage odors.
• If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

- No significant differences are found for problems with water supply by key demographic characteristics (gender, age, income level).

Have Experienced Problems With the Water Supply at Home

(Among Households Without Community-Supplied Water Services; Frederick County, 2007)

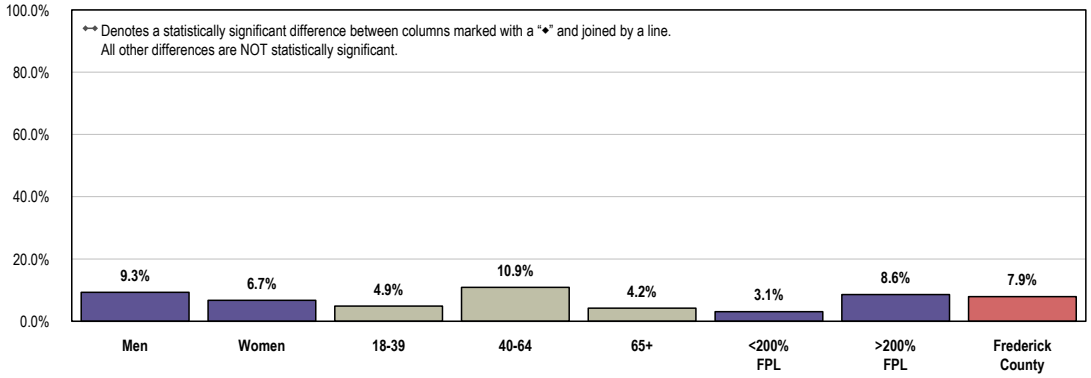


Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 54]
Note: • Asked of those respondents without community-supplied water.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White, Black, and Other are non-Hispanic race categorizations.
• Examples of water supply problems include water with an off-taste or color, dirty or cloudy water, water with a chemical smell, or discoloration.
• In this case, race/ethnicity samples are too small for analysis.

- No significant differences are found for problems with sewage disposal by key demographic characteristics (gender, age, income level).

Have Experienced Problems With Sewage Disposal at Home

(Among Households Without Community-Supplied Sewage Services; Frederick County, 2007)



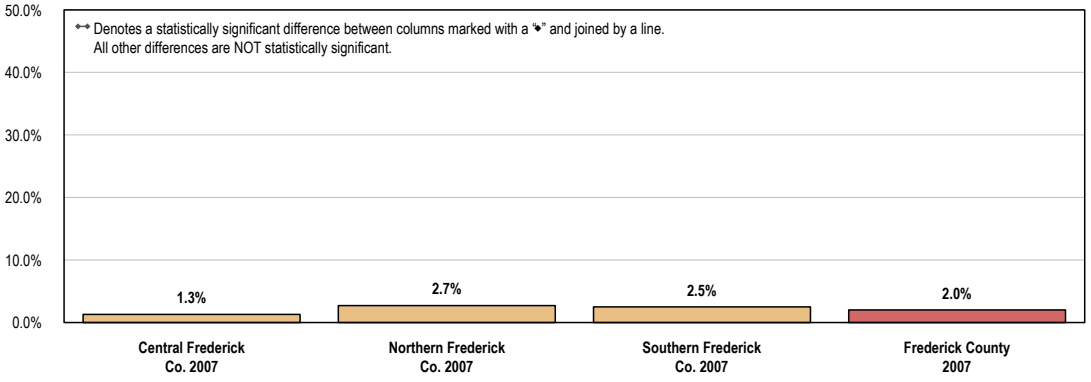
Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 56]
Note: • Asked of those respondents without community-supplied sewage disposal.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White, Black, and Other are non-Hispanic race categorizations.
• Examples of sewage disposal problems include sewage backing up into the house, overflow onto the ground, unusually green grass in parts of the yard, or sewage odors.
• In this case, race/ethnicity samples are too small for analysis.

Mold in the Home

A total of 2.0% of respondents report having an area of mold in their homes that is greater than the size of a doormat.

- Similar among the three sub-county areas.

Have an Area of Mold in the Home Greater Than the Size of a Doormat



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 57]
Note: • Asked of all respondents.
• If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

IMMUNIZATION & INFECTIOUS DISEASE

Infectious diseases remain major causes of illness, disability, and death. Moreover, new infectious agents and diseases are being detected, and some diseases considered under control have reemerged in recent years. In addition, antimicrobial resistance is evolving rapidly in a variety of hospital- and community-acquired infections. These trends suggest that many challenges still exist in the prevention and control of infectious diseases.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Vaccine-Preventable Disease Incidence

Measles, Mumps, Rubella

Between 2004 and 2006, there were zero measles or rubella cases in Frederick County, and very few cases of mumps.

Reported Rates of Vaccine-Preventable Diseases

(2004-2006; By Region)

↔ Denotes a rate difference greater than five percent between columns marked with a "◆" and joined by a line.

	Frederick County	Maryland	United States	HP2010 Objective
Measles	0.0	0.0	0.0	0.0
Mumps	0.2	0.4	0.1	0.0
Rubella	0.0	0.0	0.0	0.0

Source:
- Maryland Electronic Reporting and Surveillance System (MERSS)
- Maryland National Electronic Disease Surveillance System (Maryland-NEDSS).
- Centers for Disease Control and Prevention, Division of Public Health Surveillance and Informatics. Epidemiology Program Office.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Note:
- Rates are per 100,000 population.
- U.S. incidence rates represent 2002-2004 data.

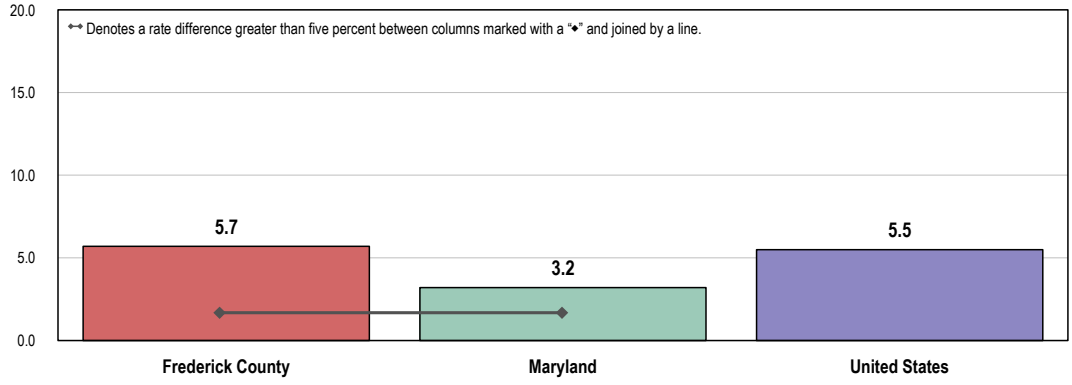
Pertussis

Between 2004 and 2006, the annual average pertussis incidence (new cases per year) in Frederick County was 5.7 per 100,000 population.

- Higher than the Maryland incidence rate (3.2).
- Similar to the national pertussis incidence rate (5.5).

Pertussis Incidence

(2004-2006 Annual Average Cases per 100,000 Population)



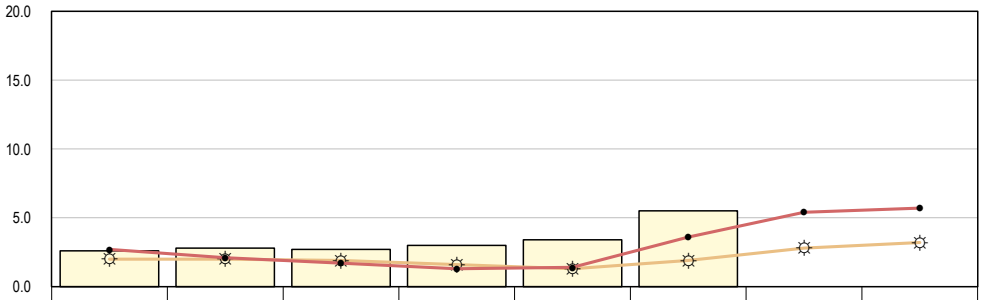
Source:
- Maryland Electronic Reporting and Surveillance System (MERSS)
- Maryland National Electronic Disease Surveillance System (Maryland-NEDSS).
- Centers for Disease Control and Prevention, Division of Public Health Surveillance and Informatics. Epidemiology Program Office

Note:
- Rates are per 100,000 population.
- The U.S. pertussis incidence rate reflects 2002-2004 data.

- The Frederick County pertussis incidence rate has increased in recent years, mirroring state- and nationwide trends.

Pertussis Incidence

(Annual Average Cases per 100,000 Population)



	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
Frederick County	2.7	2.1	1.7	1.3	1.4	3.6	5.4	5.7
Maryland	2.0	2.0	1.9	1.6	1.3	1.9	2.8	3.2
United States	2.6	2.8	2.7	3.0	3.4	5.5		

Source:
- Maryland Electronic Reporting and Surveillance System (MERSS)
- Maryland National Electronic Disease Surveillance System (Maryland-NEDSS).
- Centers for Disease Control and Prevention.

Note:
- Rates are per 100,000 population.

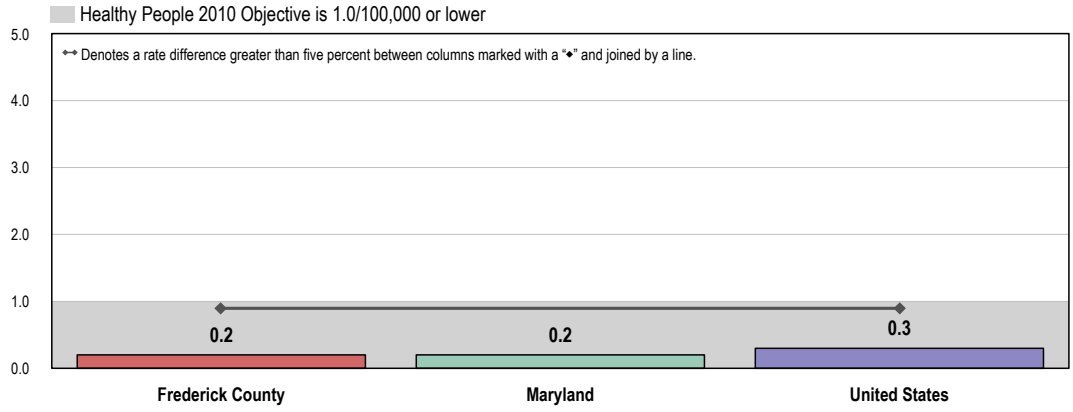
Hepatitis C

Between 2004 and 2006, the annual average acute hepatitis C incidence rate in Frederick County was 0.2 per 100,000 population.

- Identical to the statewide incidence rate (0.2).
- Just below the national hepatitis C incidence rate (0.3).
- Satisfies the Healthy People 2010 objective of 1.0 per 100,000 population.

Acute Hepatitis C Incidence

(2004-2006 Annual Average Cases per 100,000 Population)



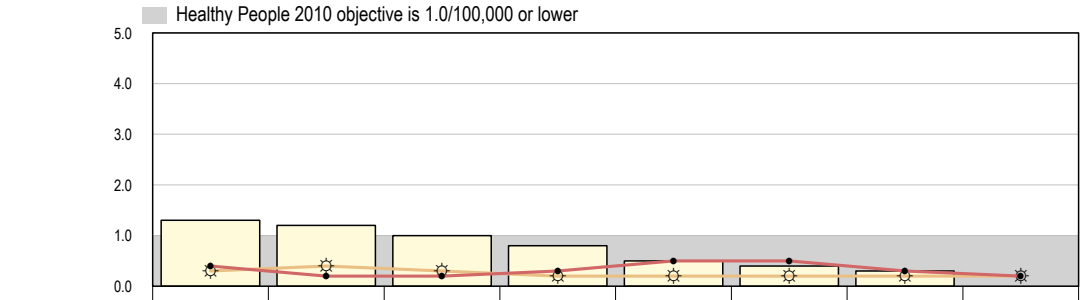
Source:
- Maryland Electronic Reporting and Surveillance System (MERSS)
- Maryland National Electronic Disease Surveillance System (Maryland-NEDSS).
- Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report. Summary of Select Notifiable Diseases
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 14-9]

Note:
- Rates are per 100,000 population.
- The U.S. acute hepatitis C incidence rate reflects 2003-2005 data.

Hepatitis C incidence rates have fluctuated in recent years across Frederick County.

Acute Hepatitis C Incidence

(Annual Average Cases per 100,000 Population)



	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
Frederick County	0.4	0.2	0.2	0.3	0.5	0.5	0.3	0.2
Maryland	0.3	0.4	0.3	0.2	0.2	0.2	0.2	0.2
United States	1.3	1.2	1.0	0.8	0.5	0.4	0.3	

Source:
- Maryland Electronic Reporting and Surveillance System (MERSS)
- Maryland National Electronic Disease Surveillance System (Maryland-NEDSS).
- Centers for Disease Control and Prevention.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 14-9]

Note:
- Rates are per 100,000 population.

Influenza Vaccination

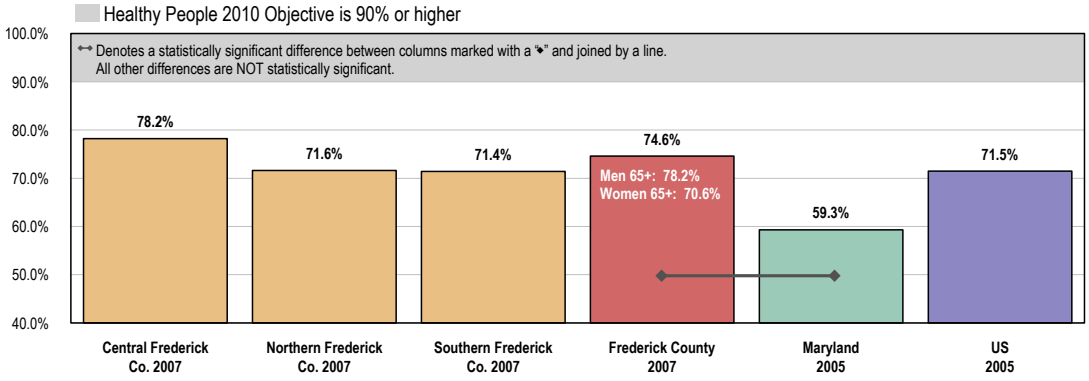
Seniors

Among Frederick County adults aged 65 and older, three in four (74.6%) received a flu shot within the past year.

- More favorable than Maryland finding (59.3%).
- Similar to national finding (71.5%).
- Fails to satisfy the Healthy People 2010 target (90% or higher).
- Does not vary significantly by area.
- Includes 78.2% of men 65+ and 70.6% of women 65+ in the county (statistically similar).

Have Had a Flu Shot in the Past Year

(Among Adults Aged 65+)



Source:
- PRC Community Health Surveys, Professional Research Consultants. [Item 181]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Maryland data.
- 2005 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 14-29c]

Note:
- Asked of all respondents aged 65 and older.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

*High-Risk Adults**

More than one-half (55.1%) of Frederick County high-risk adults aged 18 to 64 received a flu shot within the past year.

- Much better than national findings (22.4%).
- Similar to the Healthy People 2010 target (60% or higher).
- Similar by area.

* "High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

Pneumonia Vaccination

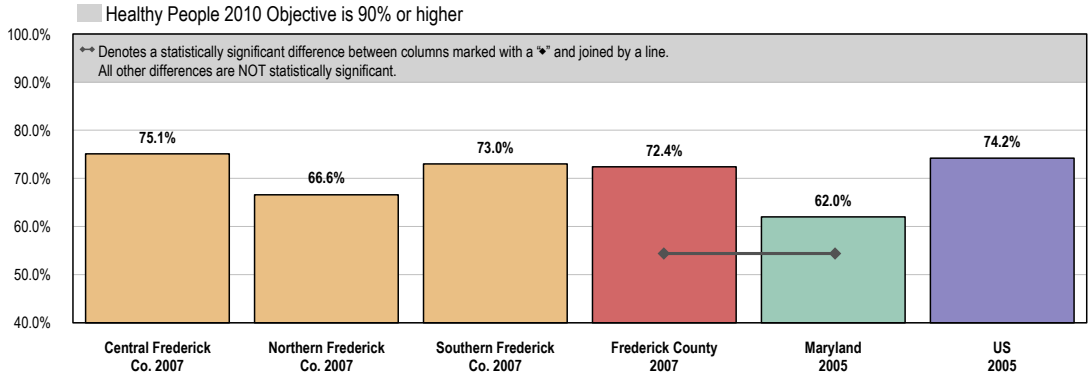
Seniors

A total of 72.4% of Frederick County adults aged 65 and older have received a pneumonia vaccination at some point in their lives.

- More favorable than the Maryland finding (62.0%).
- Similar to the national finding (74.2%).
- Fails to satisfy the Healthy People 2010 objective of 90% or higher.
- Similar by area.

Have Ever Had a Pneumonia Vaccination

(Among Adults Aged 65+)



Source:
- PRC Community Health Surveys, Professional Research Consultants. [Item 183]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Maryland data.
- 2005 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 14-29b]

Note:
- Asked of all respondents aged 65 and older.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

*High-Risk Adults**

A total of 35.8% of Frederick County high-risk adults aged 18 to 64 have received a pneumonia vaccination at some point in their lives.

- Better than national findings (26.3%).
- Fails to satisfy the Healthy People 2010 target (60% or higher).
- Lower (18.2%) in Northern Frederick County when compared to Southern Frederick County (44.5%).

* "High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

TUBERCULOSIS

Tuberculosis (TB) is an infectious disease caused by a type of bacteria called *Mycobacterium tuberculosis*. TB is spread from person to person through the air, as someone with active tuberculosis of the respiratory tract coughs, sneezes, yells, or otherwise expels bacteria-laden droplets.

The Institute of Medicine (IOM), an arm of the National Academy of Sciences, released a report in May 2000 that lays out an action plan for eliminating tuberculosis in the United States. As a key part of the plan, new TB treatment and prevention strategies must be developed that are tailored to the current environment. Among today's hallmarks:

- Tuberculosis now occurs in ever-smaller numbers in most regions of the country.
- Foreign-born people (both legal and undocumented immigrants) coming to the United States from countries with high rates of TB now account for nearly half of all TB cases.
- Higher numbers of cases are concentrated in pockets located in major metropolitan areas, and this increased prevalence is due, in large part, to the increased number of people with or at risk for HIV/AIDS infection.
- Other groups, such as HIV-infected people and the growing population of prison inmates, the homeless, and intravenous drug abusers, are emerging as being at high risk.

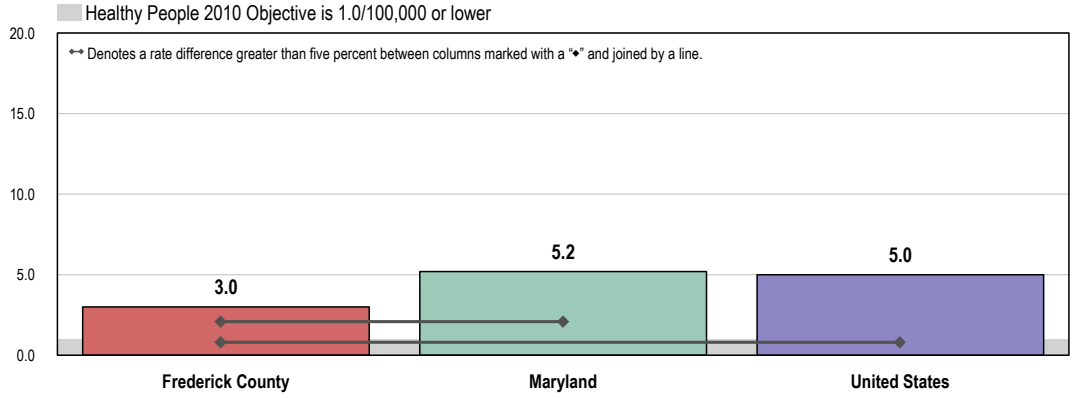
— Ending Neglect: The Elimination Of Tuberculosis In The United States. National Academy of Sciences, Institute of Medicine. Funded by the Centers for Disease Control and Prevention. 2000.

The annual average tuberculosis incidence rate in Frederick County between 2002 and 2006 was 3.0 per 100,000 population.

- Better than the rate statewide (5.2).
- Better than the rate nationwide (5.0).
- Fails to satisfy the Healthy People 2010 objective of 1.0 or lower.

Tuberculosis Incidence

(2002-2006 Annual Average Cases per 100,000 Population)



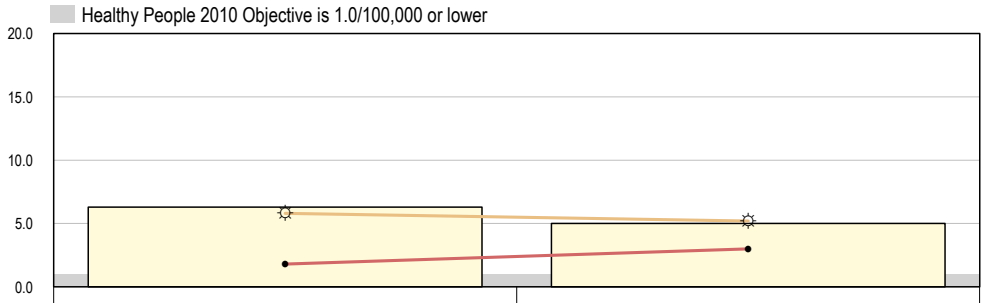
Source:
- Maryland Department of Health and Mental Hygiene, Division of TB Control
- National Center for Health Statistics. Health, United States, 2004.
- Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report. Summary of Select Notifiable Diseases.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-13]

Note:
- Rates are per 100,000 population.

- Tuberculosis incidence increased in Frederick County between 1997-2001 and 2002-2006.
- In contrast, TB rates declined statewide and nationwide during this time.

Tuberculosis Incidence

(Annual Average Cases per 100,000 Population)



	1997-2001	2002-2006
Frederick County	1.8	3.0
Maryland	5.8	5.2
United States	6.3	5.0

Source:
- Maryland Department of Health and Mental Hygiene, Division of TB Control
- Centers for Disease Control and Prevention.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 14-11]

Note:
- Rates are per 100,000 population.

HIV

In the United States, HIV/AIDS remains a significant cause of illness, disability, and death, despite declines in 1996 and 1997.

Principal health determinants. Behaviors (sexual practices, substance abuse, and accessing prenatal care) and biomedical status (having other STDs) are major determinants of HIV transmission. Unprotected sexual contact, whether homosexual or heterosexual, with a person infected with HIV and sharing drug-injection equipment with an HIV-infected individual account for most HIV transmission in the United States. Increasing the number of people who know their HIV serostatus is an important component of a national program to slow or halt the transmission of HIV in the United States.

For persons infected with HIV, behavioral determinants also play an important role in health maintenance. Although drugs are available specifically to prevent and treat a number of opportunistic infections, HIV-infected individuals also need to make lifestyle-related behavioral changes to avoid many of these infections. The new HIV antiretroviral drug therapies for HIV infection bring with them difficulties in adhering to complex, expensive, and demanding medication schedules, posing a significant challenge for many persons infected with HIV.

Because HIV infection weakens the immune system, people with tuberculosis (TB) infection and HIV infection are at very high risk of developing active TB disease.

Comparing the 1980s to the 1990s, the proportion of AIDS cases in White men who have sex with men *declined*, whereas the proportion in females and males in other racial and ethnic populations *increased*, particularly among African Americans and Hispanics. AIDS cases also appeared to be *increasing* among injection drug users and their sexual partners. The true extent of the epidemic remains difficult to assess for several reasons, including the following:

- Because of the long period of time from initial HIV infection to AIDS and because highly active antiretroviral therapy (HAART) has slowed the progression to AIDS, new cases of AIDS no longer provide accurate information about the current HIV epidemic in the United States.
- Because of a lack of awareness of HIV serostatus as well as delays in accessing counseling, testing, and care services by individuals who may be infected or are at risk of infection, some populations do not perceive themselves to be at risk. As a result, some HIV-infected persons are not identified and provided care until late in the course of their infection.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Age-Adjusted HIV/AIDS Deaths

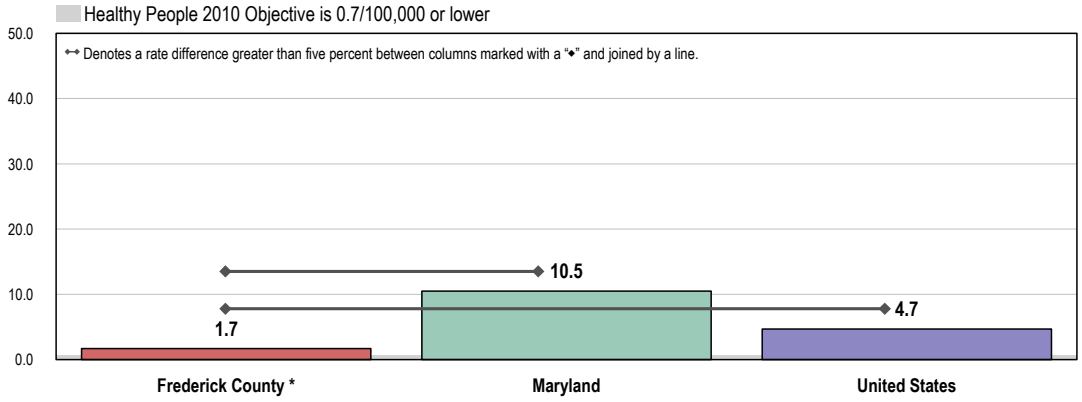
Between 2001 and 2003, there was an annual average of 1.7 HIV/AIDS deaths per 100,000 population in Frederick County.*

- Well below the statewide rate (10.5).
- Below the mortality rate nationwide (4.7 per 100,000).
- Fails to satisfy the Healthy People 2010 objective (0.7 or lower).

* *Note, however, that the Frederick County rate is not deemed statistically reliable.*

Age-Adjusted Mortality: HIV

(2001-2003 Annual Average Deaths per 100,000 Population)



Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2007.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 13-14]

Note:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- * **NOTE: The Frederick County rate is <u>not</u> deemed statistically reliable.**

AIDS Cases

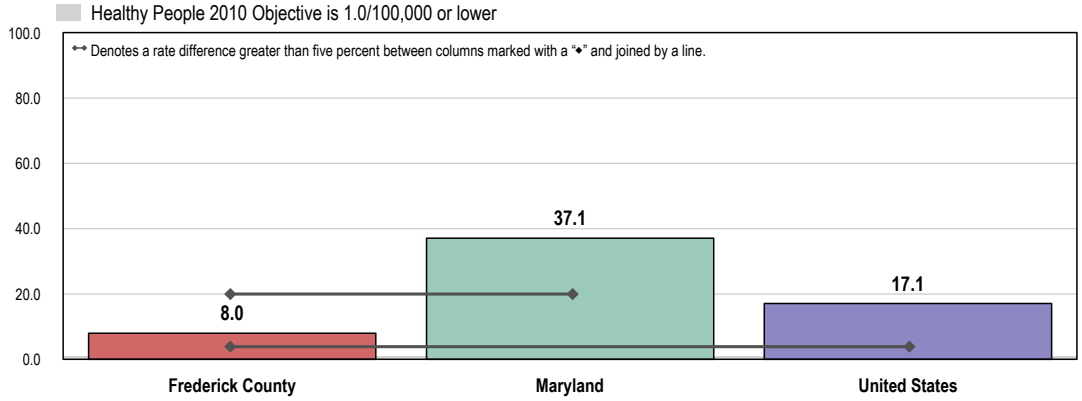
AIDS Incidence

Between 2003 and 2005, the annual average incidence of new AIDS cases was 8.0 per 100,000 population.

- Less than one-fourth the statewide rate (37.1).
- Less than one-half the rate reported nationally (17.1).

AIDS Incidence Rates

(2003-2005 Annual Average Cases per 100,000 Population)



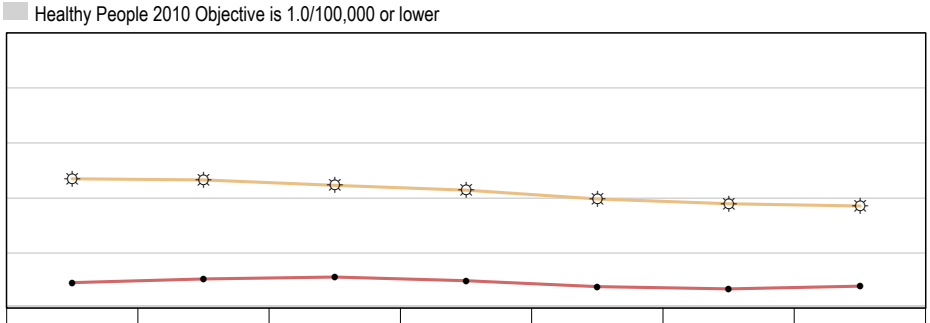
Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2007.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 13-1]

Note:
- Represents cases in adolescents and adults (aged 13 years and older).
- Rates are per 100,000 population.

AIDS cases have declined in Frederick County, as they have statewide.

AIDS Case Rates

(Annual Average Cases per 100,000 Population)



	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005
Frederick County	9.3	10.6	11.3	10.0	7.8	7.0	8.0
Maryland	47.0	46.6	44.6	42.9	39.7	37.9	37.1

Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2007.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 13-1]

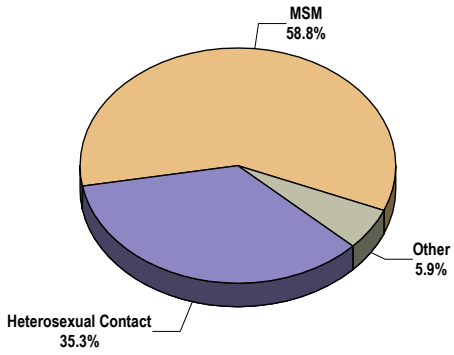
Note:
- Represents cases in adolescents and adults (aged 13 years and older).
- Rates are per 100,000 population.

AIDS Characteristics

While most AIDS cases (with a reported mode of HIV transmission) remain among men having sex with men (MSM; 58.8%), more than one-third were contracted through heterosexual contact (35.3%).

AIDS Cases: Mode of HIV Transmission

(Based on 21 Cases in Frederick County; 2003-2005)



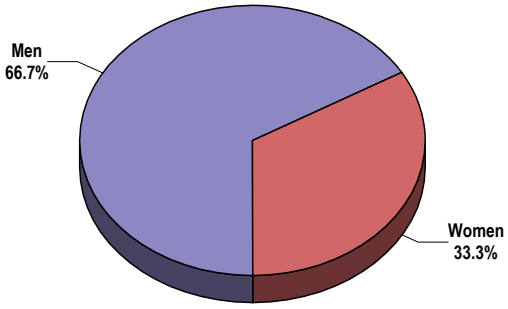
Source:
- Maryland Department of Health and Mental Hygiene

Note:
- Represents cases in adolescents and adults (aged 13 years and older).
- "MSM" refers to "men having sex with men."

Two-thirds of AIDS cases are among men, one-third among women.

AIDS Cases: Gender

(Based on 17 Cases in Frederick County; 2003-2005)



Source:
- Maryland Department of Health and Mental Hygiene

Note:
- Represents cases in adolescents and adults (aged 13 years and older).

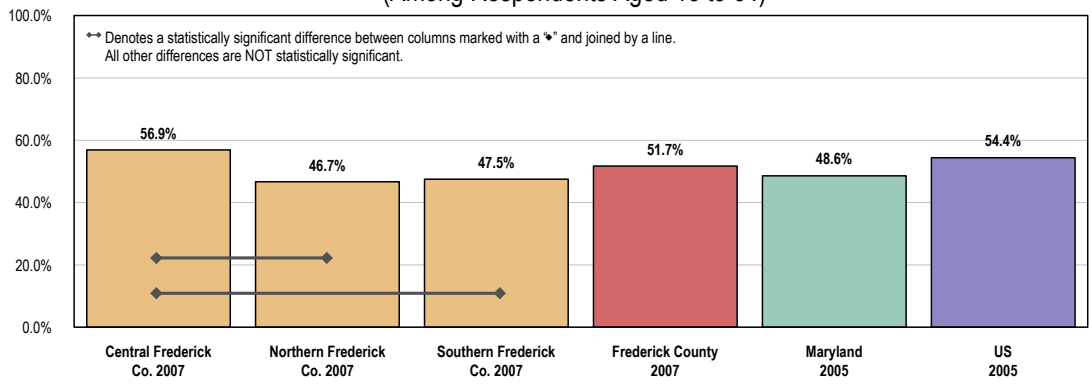
HIV Testing

Among Frederick County adults aged 18 to 64 years, 51.7% report that they have ever been tested for human immunodeficiency virus (HIV).

- Similar to the proportion found statewide (48.6%).
- Similar the proportion found nationwide (54.4%).
- Highest (56.9%) in Central Frederick County.
- Note that 16.6% of adults aged 18 to 64 report that they had an HIV test within the past year (similar to the 18.9% reported nationally).

Have Ever Been Tested for Human Immunodeficiency Virus (HIV)

(Among Respondents Aged 18 to 64)



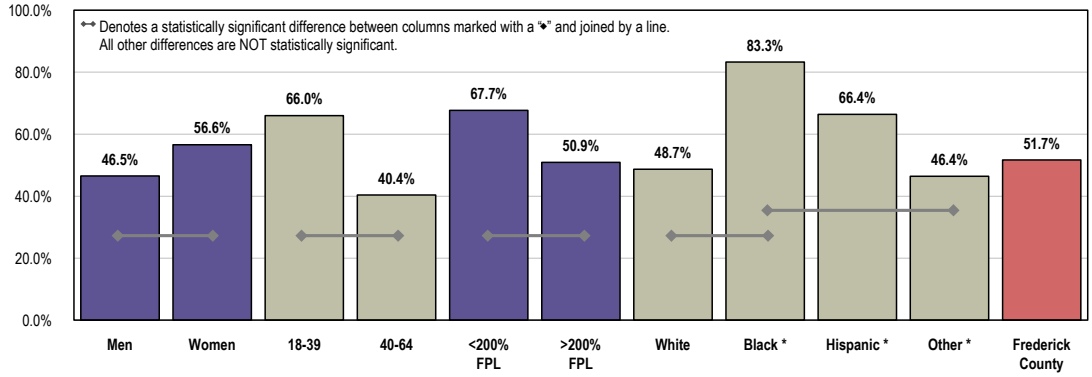
Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 97]
Note: • Asked of respondents aged 18 through 64.
• If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

By demographic characteristics:

- Frederick County women are more likely than men to have ever been tested.
- A greater proportion of young adults (aged 18 to 39) report that they have ever been tested for HIV, compared to adults aged 40 to 64.
- Persons at lower income levels more often report having ever been tested for HIV.
- Black respondents in Frederick County more often report ever being tested for HIV, compared to White or "Other" race respondents.

Have Ever Been Tested for Human Immunodeficiency Virus (HIV)

(Among Respondents Aged 18 to 64; Frederick County, 2007)



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 97]

Note: • Asked of respondents aged 18 through 64.

• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].

• White, Black, and Other are non-Hispanic race categorizations.

* **Please use caution when interpreting results among Black, Hispanic and Other race samples; each of these is based on fewer than 50 respondents.** If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

SEXUALLY TRANSMITTED DISEASES

Sexually transmitted diseases (STDs) refer to the more than 25 infectious organisms transmitted primarily through sexual activity. STDs are among many related factors that affect the broad continuum of reproductive health agreed on in 1994 by 180 governments at the International Conference on Population and Development (ICPD). At ICPD, all governments were challenged to strengthen their STD programs. STD prevention as an essential primary care strategy is integral to improving reproductive health.

Despite the burdens, costs, complications, and preventable nature of STDs, they remain a significant public health problem, largely unrecognized by the public, policymakers, and public health and healthcare professionals in the United States. STDs cause many harmful, often irreversible, and costly clinical complications, such as reproductive health problems, fetal and perinatal health problems, and cancer. In addition, studies of the worldwide human immunodeficiency virus (HIV) pandemic link other STDs to a causal chain of events in the sexual transmission of HIV infection.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Safe Sexual Practices

Sexual Partners

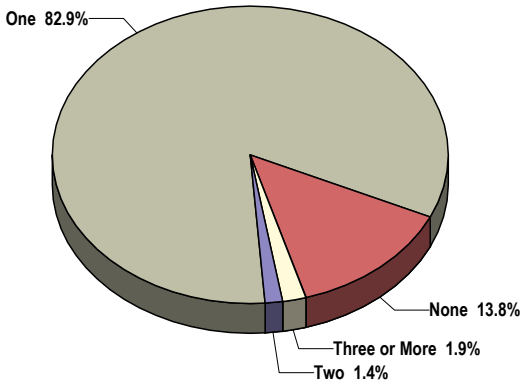
Among Frederick County adults aged 18 to 64, the majority (82.9%) report one sexual partner in the past 12 months.

Note that 1.9% report three or more sexual partners.

- More favorable than the 4.0% noted nationally.
- Lowest in Southern Frederick County (where no survey participants reported 3+ sexual partners in the past year).

Number of Sexual Partners in the Past 12 Months

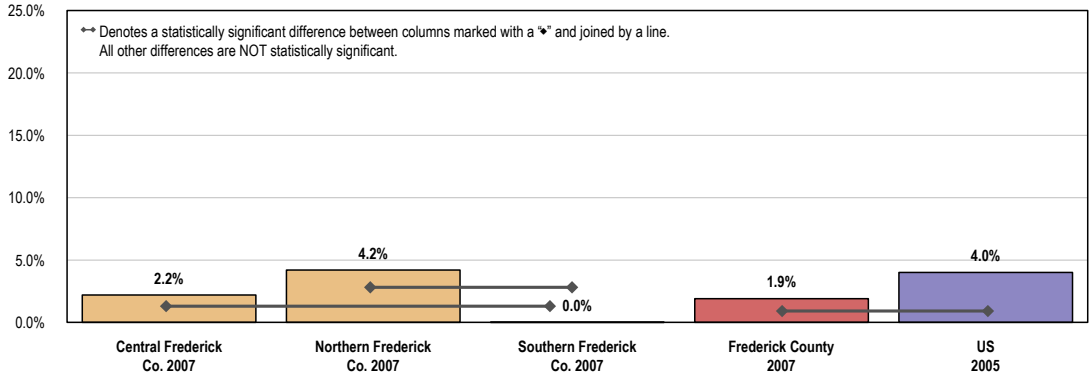
(Among Respondents Aged 18 to 64)



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 95]
Note: • Asked of respondents age 18 through 64.

Had Three or More Sexual Partners in the Past Year

(Among Respondents Aged 18 to 64)



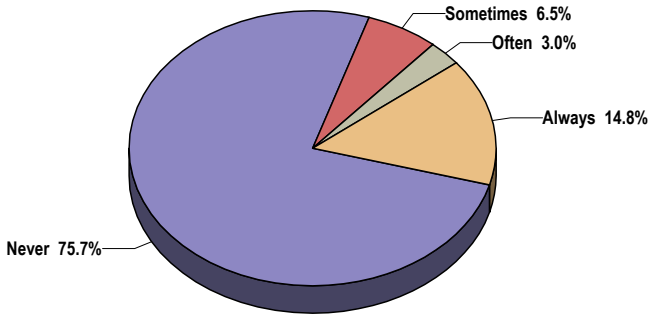
Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 95]
• 2005 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of respondents aged 18 through 64.
• If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Condom Use

A total of 14.8% of Frederick County adults aged 18 to 64 report "always" using a condom during sexual intercourse.

Frequency of Condom Use During Sexual Intercourse

(Among Respondents Aged 18 to 64)

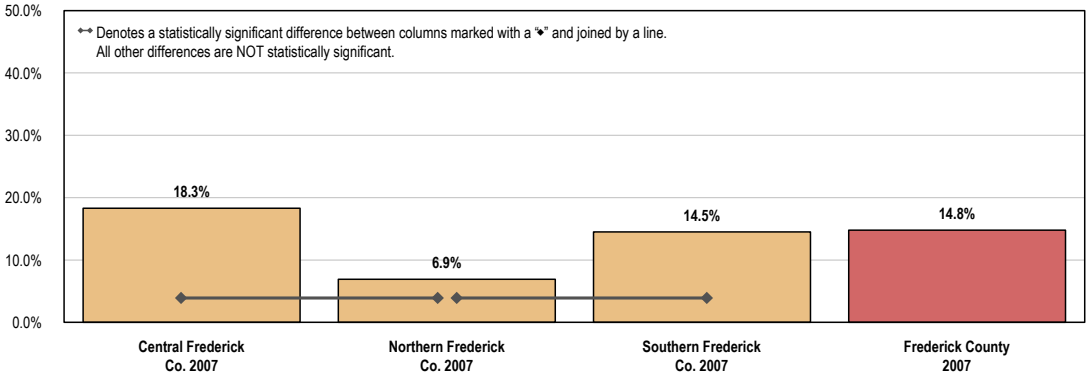


Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 96]
Note: • Asked of respondents aged 18 through 64.

- Lowest (6.9%) in the northern part of the county.

"Always" Use a Condom During Sexual Intercourse

(Among Respondents Aged 18 to 64)



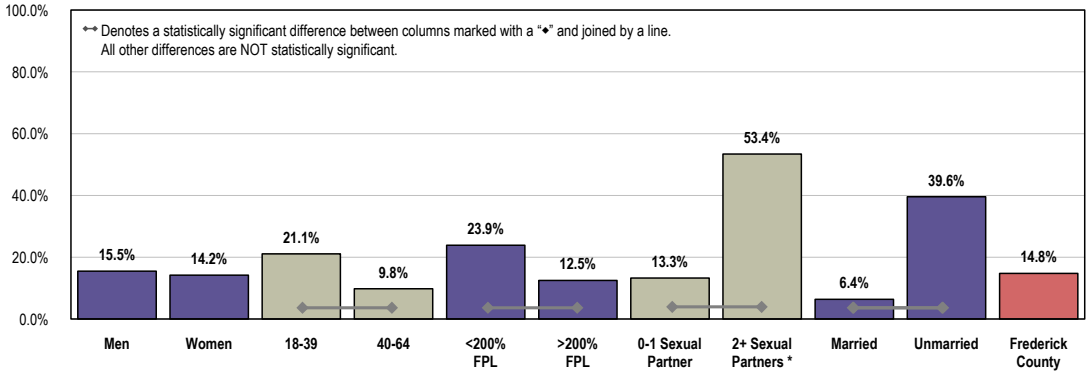
Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 96]
Note: • Asked of respondents aged 18 through 64.
• If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

The following population segments are more likely to report "always" using a condom:

- Young adults (under age 40).
- Residents living below 200% of the federal poverty threshold.
- Adults with two or more sexual partners.
- Unmarried respondents.

"Always" Use a Condom During Sexual Intercourse

(Among Respondents Aged 18 to 64; Frederick County, 2007)



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 96]
Note: • Asked of respondents aged 18 through 64.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White, Black, and Other are non-Hispanic race categorizations.
• In this case, race/ethnicity samples are too small for analysis.
* **Please use caution when interpreting results among respondents with 2+ sexual partners, as these are based on fewer than 50 respondents.**
If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Related Focus Group Findings

Sexual behavior among the county's youth was of concern, particularly in the focus group session comprised of political and community leaders.

> *Young people still being permissive … sexual behaviors.* Political & Community Leader
>
> *Something's going on and nobody talks about it till someone dies of it and then they say something to keep it quiet still. It's not out in the open enough as a healthcare issue among our young people.* Political & Community Leader
>
> *Teenage pregnancy is a local issue.* Political & Community Leader
>
> *They don't go on dates as much as – a hookup on the Internet. I'm hearing kids talk about that. The parents that I work with complain about that. This hookup mentality has increased the risk of sexual behaviors … 'Friends with benefits.'* Political & Community Leader
>
> *Another thing you have to add is risky sexual behavior. That's going to create AIDS and HIV and sexually transmitted diseases.* Political & Community Leader

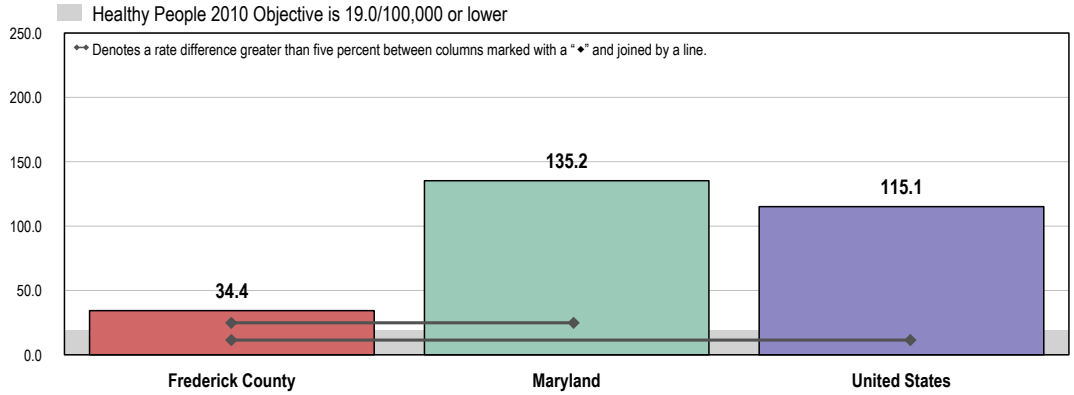
Gonorrhea

Between 2004 and 2006 in Frederick County, there was an annual average incidence of 34.4 cases of gonorrhea per 100,000 population.

- Much better than found statewide (135.2).
- Much better than the 115.1 rate found nationally.
- Fails to satisfy the Healthy People 2010 objective of 19.0 or lower.

Gonnorhea Incidence

(2004-2006 Annual Average Cases per 100,000 Population)



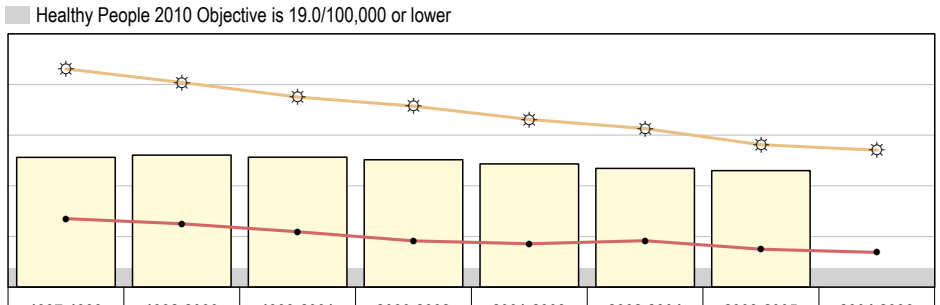
Source:
- Maryland Department of Health and Mental Hygiene
- Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report. Summary of Select Notifiable Diseases.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 25-2]

Note:
- Rates are per 100,000 population.
- The U.S. incidence rate relfects 2003-2005 data.

Gonorrhea incidence is decreasing in Frederick County, as found statewide and nationally.

Gonnorhea Incidence

(Annual Average Cases per 100,000 Population)



	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
Frederick County	67.6	62.5	54.8	45.7	42.9	45.9	37.5	34.4
Maryland	215.4	202.0	187.7	178.7	165.6	156.6	140.5	135.2
United States	128.1	130.3	128.3	125.8	121.7	117.2	115.1	

Source:
- Maryland Department of Health and Mental Hygiene
- Centers for Disease Control and Prevention.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 25-2]

Note:
- Rates are per 100,000 population.

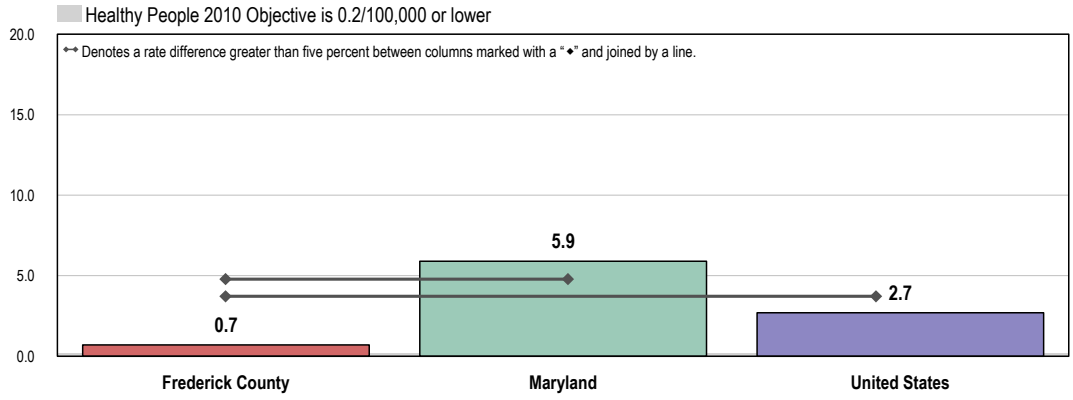
Syphilis

Between 2004 and 2006 in Frederick County, there was an annual average incidence of 0.7 cases of syphilis per 100,000 population.

- Better than found statewide (5.9).
- Better than found nationally (2.7).
- Fails to satisfy the Healthy People 2010 objective (0.2 or lower).

Primary/Secondary Syphilis Incidence

(2004-2006 Annual Average Cases per 100,000 Population)



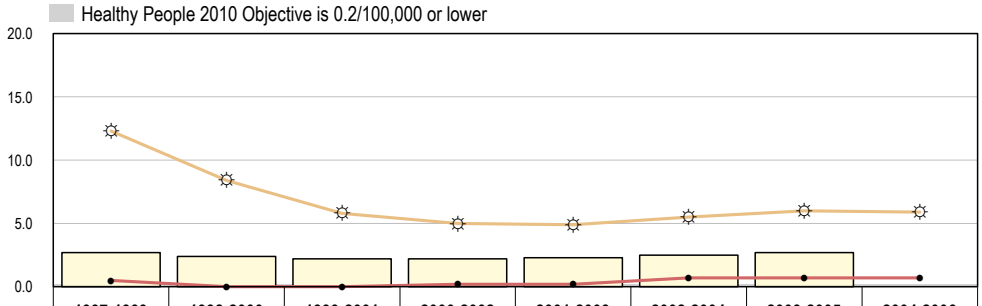
Source:
- Maryland Department of Health and Mental Hygiene
- Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report. Summary of Select Notifiable Diseases.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 25-3]

Note:
- Rates are per 100,000 population.
- The U.S. incidence rate relfects 2003-2005 data.

Syphilis incidence has increased in Frederick County in recent years, echoing state and nationwide trends.

Primary/Secondary Syphilis Incidence

(Annual Average Cases per 100,000 Population)



	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
Frederick County	0.5	0.0	0.0	0.2	0.2	0.7	0.7	0.7
Maryland	12.3	8.4	5.8	5.0	4.9	5.5	6.0	5.9
United States	2.7	2.4	2.2	2.2	2.3	2.5	2.7	

Source:
- Maryland Department of Health and Mental Hygiene
- Centers for Disease Control and Prevention.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 25-3]

Note:
- Rates are per 100,000 population.

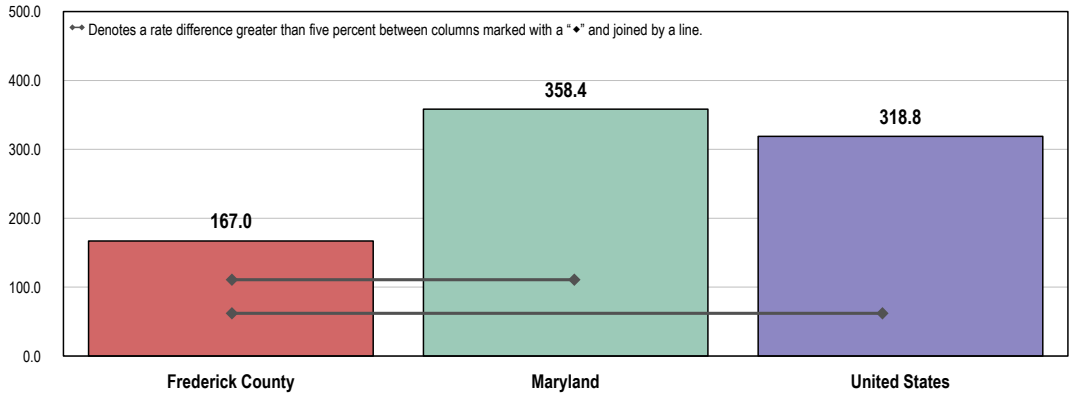
Chlamydia

Between 2004 and 2006 in Frederick County, there was an annual average incidence of 167.0 cases of chlamydia per 100,000 population.

- Better than found statewide (358.4).
- Better than found nationally (318.8).

Chlamydia Incidence

(2004-2006 Annual Average Cases per 100,000 Population)



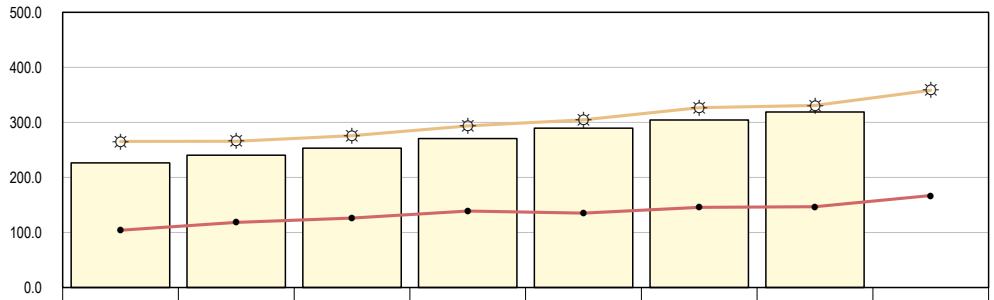
Source:
- Maryland Department of Health and Mental Hygiene
- Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report. Summary of Select Notifiable Diseases.

Note:
- Rates are per 100,000 population.
- The U.S. incidence rate relfects 2003-2005 data.

- Chlamydia incidence is increasing steadily in Frederick County, as it is statewide and nationwide.

Chlamydia Incidence

(Annual Average Cases per 100,000 Population)



	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
Frederick County	104.0	118.5	126.1	139.1	135.0	145.6	146.8	167.0
Maryland	265.2	265.7	276.0	293.7	304.5	326.6	330.9	358.4
United States	226.5	240.4	253.0	270.8	289.4	304.4	318.8	

Source:
- Maryland Department of Health and Mental Hygiene
- Centers for Disease Control and Prevention.

Note:
- Rates are per 100,000 population.

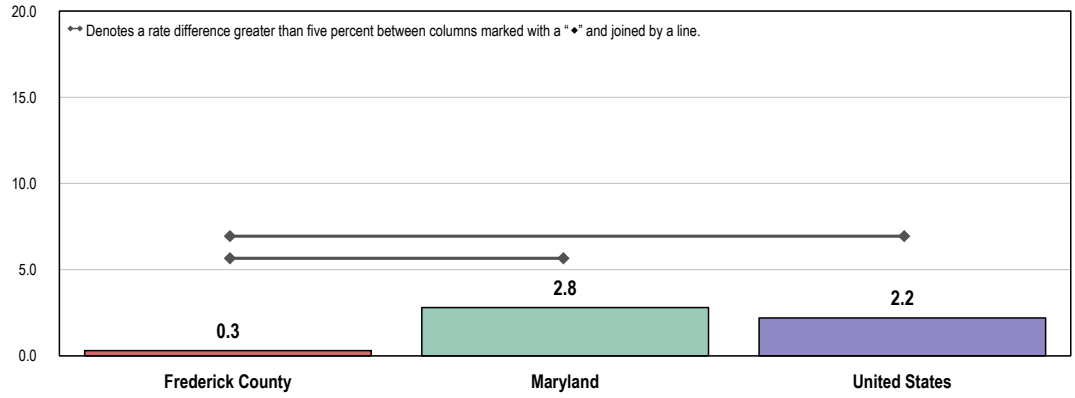
Hepatitis B

Between 2004 and 2006 in Frederick County, there was an annual average incidence of 0.3 cases of hepatitis B per 100,000 population.

- Better than found statewide (2.8).
- Better than found nationwide (2.2).

Acute Hepatitis B Incidence

(2004-2006 Annual Average Cases per 100,000 Population)

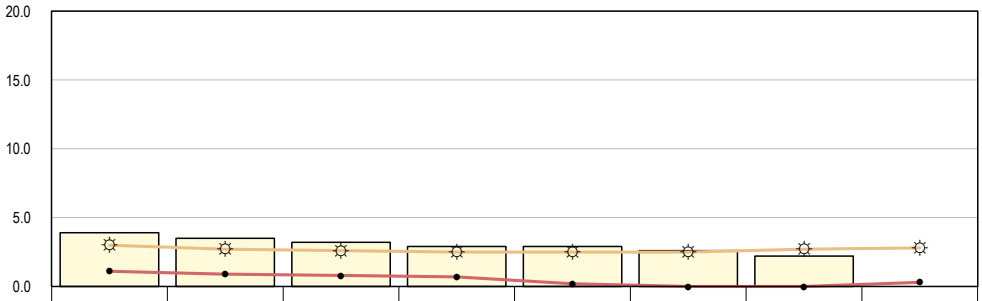


Source: • Maryland Department of Health and Mental Hygiene
• Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report. Summary of Select Notifiable Diseases.
Note: • Rates are per 100,000 population.
• The U.S. incidence rate relfects 2003-2005 data.

- Acute hepatitis B has affected fewer than 1 in 100,000 persons across Frederick County annually since 1998-2000.

Acute Hepatitis B Incidence

(Annual Average Cases per 100,000 Population)



	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
Frederick County	1.1	0.9	0.8	0.7	0.2	0.0	0.0	0.3
Maryland	3.0	2.7	2.6	2.5	2.5	2.5	2.7	2.8
United States	3.9	3.5	3.2	2.9	2.9	2.6	2.2	

Source: • Maryland Department of Health and Mental Hygiene
• Centers for Disease Control and Prevention.
Note: • Rates are per 100,000 population.

MATERNAL, INFANT & CHILD HEALTH

The health of mothers, infants, and children is of critical importance, both as a reflection of the current health status of a large segment of the U.S. population and as a predictor of the health of the next generation. Infant mortality is an important measure of a nation's health and a worldwide indicator of health status and social well-being. As of 1995, the U.S. infant mortality rates ranked 25th among industrialized nations. In the past decade, critical measures of increased risk of infant death, such as new cases of low birth weight (LBW) and very low birth weight (VLBW), actually have increased in the United States. In addition, the disparity in infant mortality rates between Whites and specific racial and ethnic groups (especially African Americans, American Indians or Alaska Natives, Native Hawaiians, and Puerto Ricans) persists. Although the overall infant mortality rate has reached record low levels, the rate for African Americans remains twice that of Whites.

LBW is associated with long-term disabilities, such as cerebral palsy, autism, mental retardation, vision and hearing impairments, and other developmental disabilities. The general category of LBW infants includes both those born too early (preterm infants) and those who are born at full term but who are too small, a condition known as intrauterine growth retardation (IUGR). Maternal characteristics that are risk factors associated with IUGR include maternal LBW, prior LBW birth history, low prepregnancy weight, cigarette smoking, multiple births, and low pregnancy weight gain. Cigarette smoking is the greatest known risk factor.

African American and Hispanic women also are less likely than Whites to enter prenatal care early. For both African American and White women, the proportion entering prenatal care in the first trimester rises with maternal age until the late thirties, then begins to decline. Women in certain racial and ethnic groups also are less likely than White women to breastfeed their infants.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

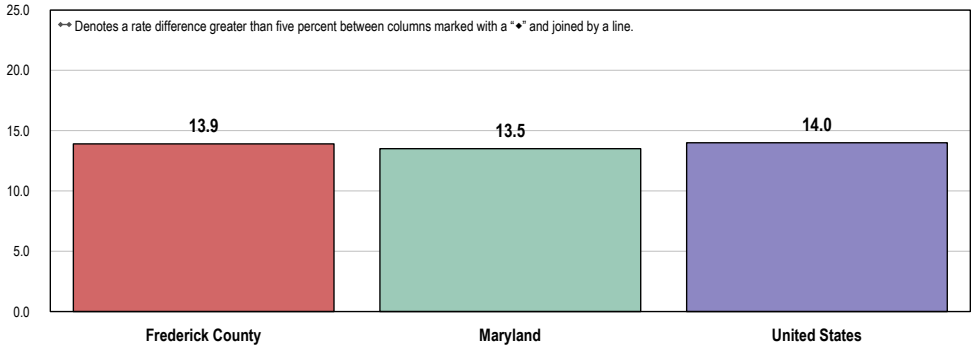
Crude Birth Rates

Between 2003 and 2005, the birth rate in Frederick County (annual average births per 1,000 population) was 13.9.

- Comparable to the Maryland rate (13.5).
- Comparable to the rate nationwide (14.0).

Crude Birth Rates

(2003-2005 Annual Average Births per 1,000 Population)

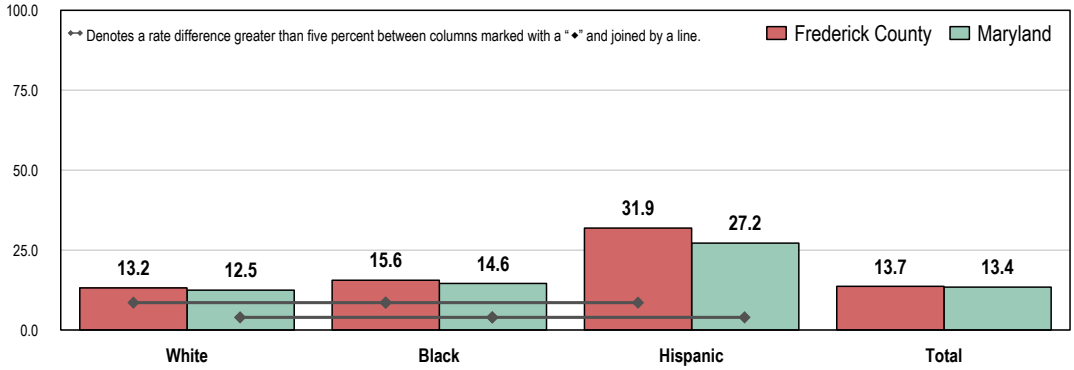


Source: • Maryland Department of Health and Mental Hygiene.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Note: • Rates are per 1,000 population.
• The U.S. crude birth rate represents 2002-2004 data.

Birth rates in Frederick County are much higher in the Hispanic population (this is true across Maryland as well).

Crude Birth Rates

(2005 Births Per 1,000 Population, By Race)

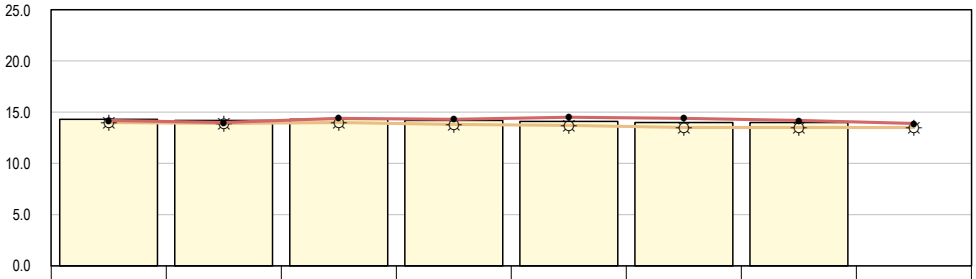


Source: • Maryland Department of Health and Mental Hygiene.
Note: • Rates are per 1,000 population.

Birth rates have decreased in recent years in Frederick County, mirroring the downward trend apparent across Maryland and the U.S. overall.

Crude Birth Rates

(Annual Average Births per 1,000 Population)



	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005
Frederick County	14.2	14.0	14.4	14.3	14.5	14.4	14.2	13.9
Maryland	14.0	13.9	14.0	13.8	13.7	13.5	13.5	13.5
United States	14.3	14.2	14.3	14.2	14.1	14.0	14.0	

Source: • Maryland Department of Health and Mental Hygiene.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Note: • Rates are per 1,000 population.

Late or No Prenatal Care

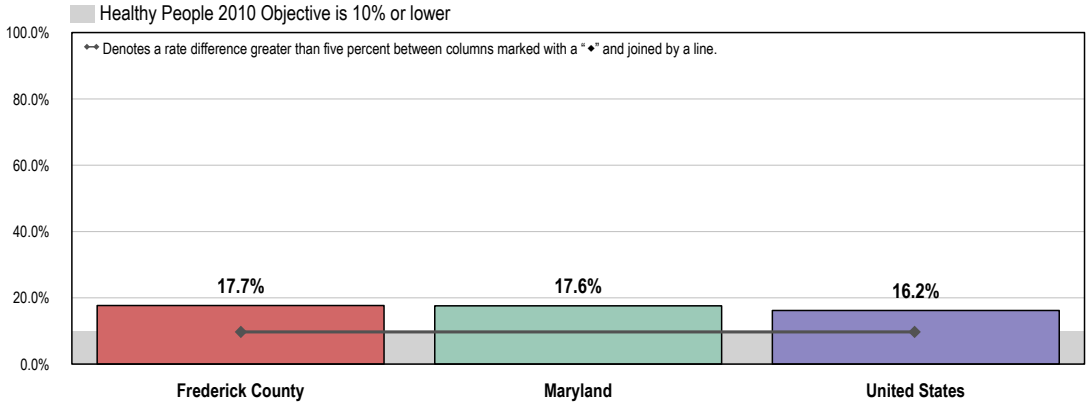
Early and continuous prenatal care is the best assurance of infant health.

A total of 17.7% of 2003-2005 Frederick County births experienced late or no prenatal care (defined as prenatal care <u>not</u> begun in the first trimester of pregnancy).

- Similar to the proportion statewide (17.6%).
- Just above the proportion nationwide (16.2%).
- Fails to meet the Healthy People 2010 target (10% or lower).

Mothers <u>Not</u> Receiving Prenatal Care in the First Trimester

(2003-2005 Percentage of Live Births)



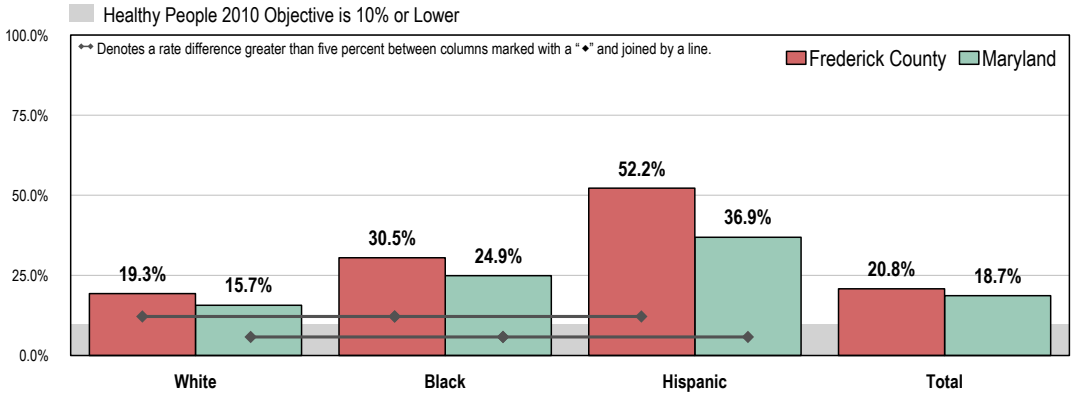
Source:
- Maryland Department of Health and Mental Hygiene.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 16-6a].

Note:
- Numbers are percentages of live births.
- The U.S. percentage represents 2002-2004 data.

Compared with Whites (2005 data), higher proportions of Black and Hispanic births in Frederick County did not receive timely prenatal care.

Mothers <u>Not</u> Receiving Prenatal Care in the First Trimester

(2005 Percentage of Live Births)



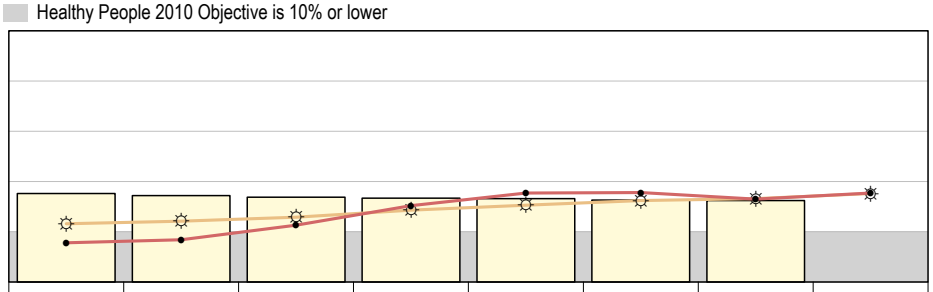
Source:
- Maryland Department of Health and Mental Hygiene.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 16-6a].

Note:
- Numbers are percentages of live births.

- The proportion of women with late or no prenatal care has increased in Frederick County since 1996-1998. An increasing trend occurred across Maryland as well.
- This is, however, contrary to the national trend.

Mothers Not Receiving Prenatal Care in the First Trimester

(Percentage of Live Births)



	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005
Frederick County	7.8%	8.4%	11.3%	15.2%	17.7%	17.8%	16.5%	17.7%
Maryland	11.6%	12.1%	12.9%	14.3%	15.3%	16.2%	16.6%	17.6%
United States	17.6%	17.2%	16.9%	16.7%	16.6%	16.3%	16.2%	

Source:
- Maryland Department of Health and Mental Hygiene.
- Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-6a].

Note:
- Numbers are a percentage of all live births within each population.

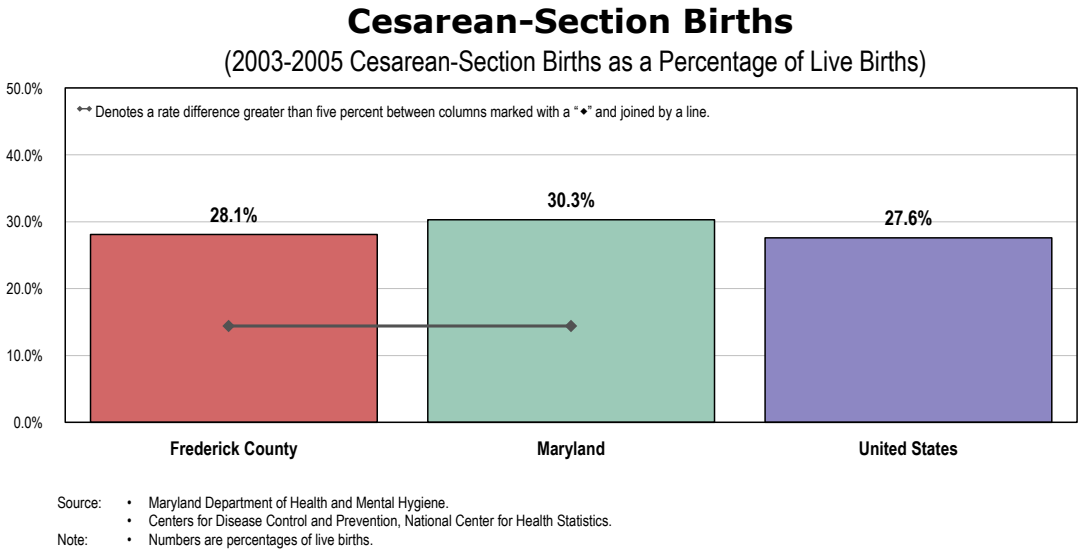
Cesarean Sections

While Cesarean (surgical) deliveries are sometimes medically indicated, Cesarean birth can carry a greater risk for both the mother and the baby than a vaginal delivery. Some of the increased risks for the mother include possible infection of the uterus and nearby pelvic organs; increased bleeding; blood clots in the legs, pelvic organs and sometimes the lungs; and, in very rare situations, death. For babies, there is the risk of being born prematurely if the due date is not accurately calculated. This can mean difficulty breathing (respiratory distress) and low birthweight. The baby also may be sluggish as a result of the anesthesia. A cesarean birth also is more painful, is more expensive, and takes longer to recover from than a vaginal birth.

– March of Dimes

Between 2003 and 2005, 28.1% of Frederick County births were delivered via Cesarean section (C-section).

- Lower than the Maryland proportion (30.3%).
- Closer to the national proportion (27.6%).

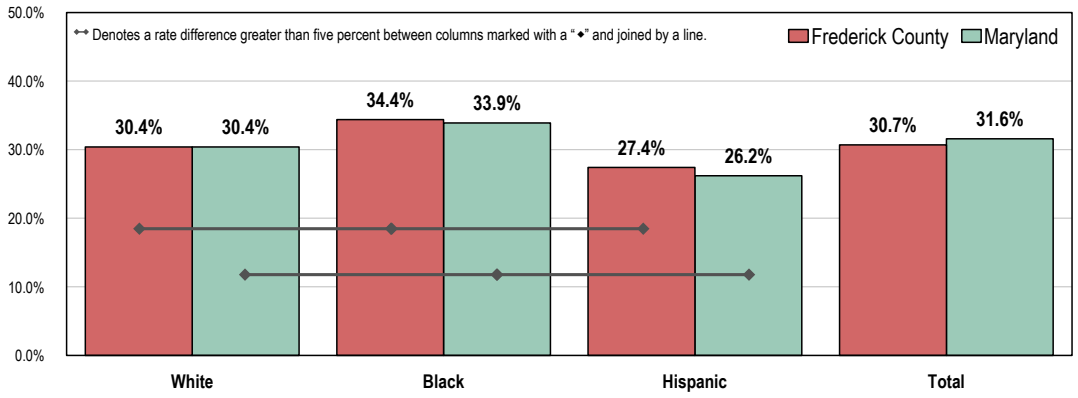


Source: • Maryland Department of Health and Mental Hygiene.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Note: • Numbers are percentages of live births.

- In Frederick County, the proportion of C-section births is highest among Black mothers, lowest among Hispanic mothers.

Cesarean-Section Births

(2005 Percentage of Live Births, By Race)

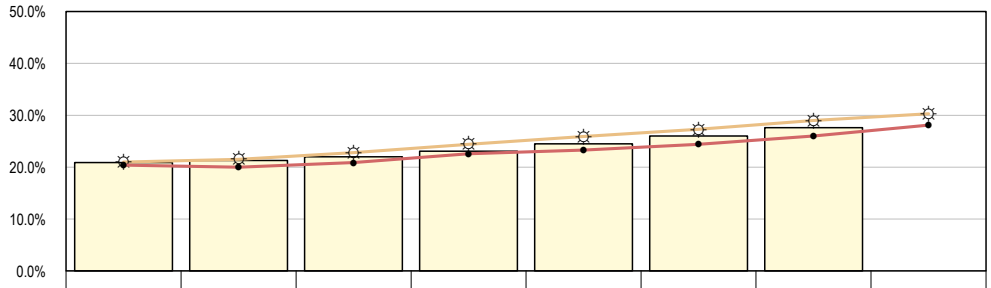


Source: • Maryland Department of Health and Mental Hygiene.
Note: • Numbers are percentages of live births.

- Cesarean births (as a percentage of live births) are increasing sharply in Frederick County; this upward trend is apparent both statewide and nationwide as well.

Cesarean-Section Births

(Cesarean-Section Births as a Percentage of Live Births)



	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005
Frederick County	20.4%	20.0%	20.9%	22.6%	23.3%	24.4%	26.0%	28.1%
Maryland	21.0%	21.5%	22.8%	24.4%	25.9%	27.3%	29.0%	30.3%
United States	20.9%	21.3%	22.0%	23.1%	24.5%	26.0%	27.6%	

Source: • Maryland Department of Health and Mental Hygiene.
• Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
Note: • Numbers are a percentage of all live births within each population.

Related Focus Group Findings

There is only one free clinic in Frederick County (Mission of Mercy), and focus group participants sought to find answers to long waiting lists, particularly for minority populations.

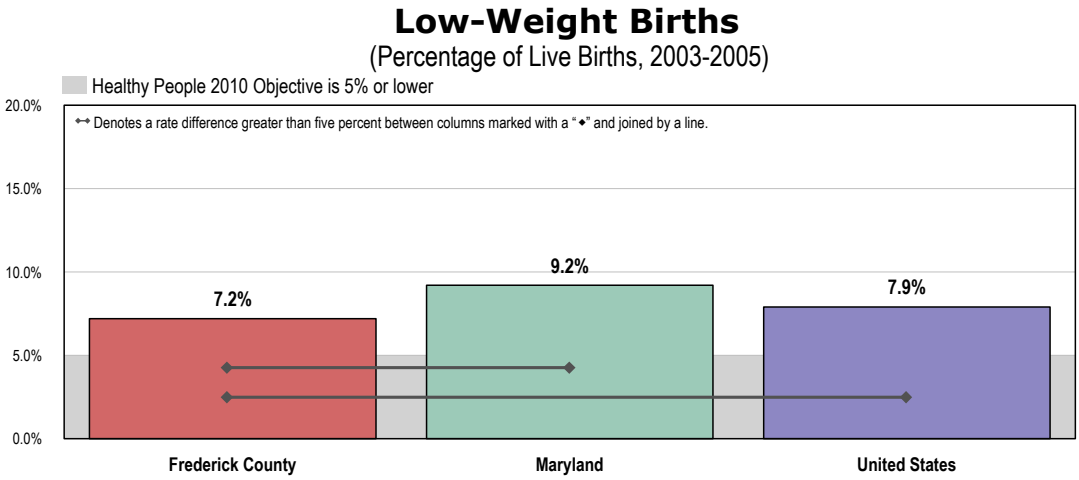
> *The pregnancy issue is also another very difficult issue. At the prenatal clinic we have as many as 80 women on the waiting list until they make it into see us and they may be in their fourth month already. We need to discuss it because the cost of having an unhealthy baby is a very difficult situation.* Allied Health
>
> *The preventive care is the key. Prenatal too.* Political & Community Leader
>
> *For a lot of our women, the only time they get thorough healthcare is when they're pregnant because it's automatic. So we've got women getting pregnant just for the medical care.* Social Services Provider

Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight. Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

A total of 7.2% of Frederick County births between 2003 and 2005 were of low birthweight.

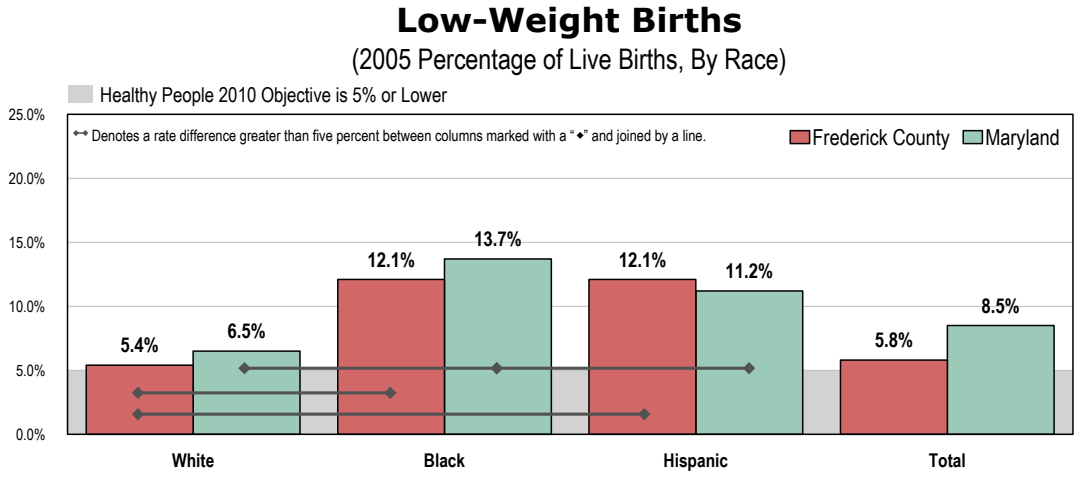
- Better than the statewide proportion (9.2%).
- Better than the percentage nationwide (7.9%).
- Fails to satisfy the Healthy People 2010 target (5% or lower).



Source:
- Maryland Department of Health and Mental Hygiene.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-10a].

Note:
- Numbers are percentages of live births.
- The U.S. percentage reflects 2002-2004 data.

Note that low-weight births are more common among Black or Hispanic mothers in Frederick County (affecting 12.1% in each group).



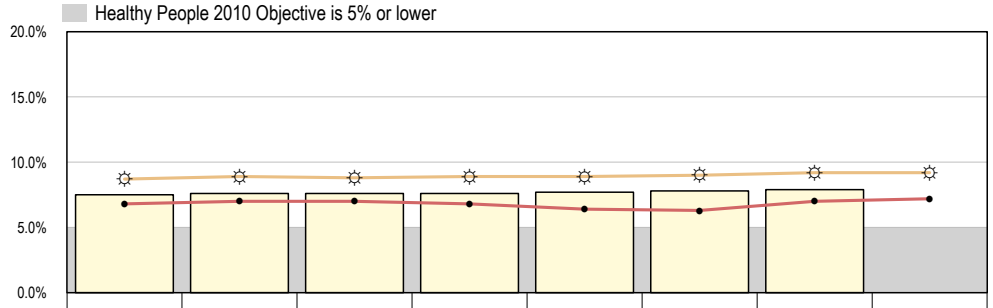
Source:
- Maryland Department of Health and Mental Hygiene.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-10a].

Note:
- Numbers are percentages of live births.

- The proportion of low-weight births have increased in Frederick County in the past few years, echoing the upward trend across Maryland and the U.S. overall.

Low-Weight Births

(Low-Weight Births as a Percentage of Live Births)



	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005
Frederick County	6.8%	7.0%	7.0%	6.8%	6.4%	6.3%	7.0%	7.2%
Maryland	8.7%	8.9%	8.8%	8.9%	8.9%	9.0%	9.2%	9.2%
United States	7.5%	7.6%	7.6%	7.6%	7.7%	7.8%	7.9%	

Source:
- Maryland Department of Health and Mental Hygiene.
- Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-10a].

Note:
- Numbers are a percentage of all live births within each population.

Infant Mortality

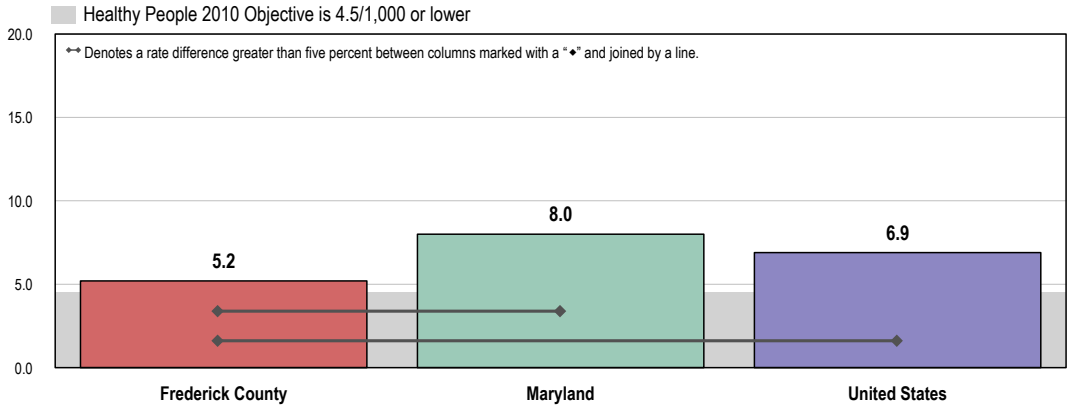
Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2003 and 2005 in Frederick County, there was an annual average of 5.2 infant deaths per 1,000 live births.

- Better than the Maryland infant mortality rate (8.0).
- Better than the infant mortality rate nationwide (6.9).
- Fails to satisfy the Healthy People 2010 target (4.5 per 1,000 live births).

Infant Mortality Rates

(2003-2005 Average Annual Infant Deaths per 1,000 Live Births)



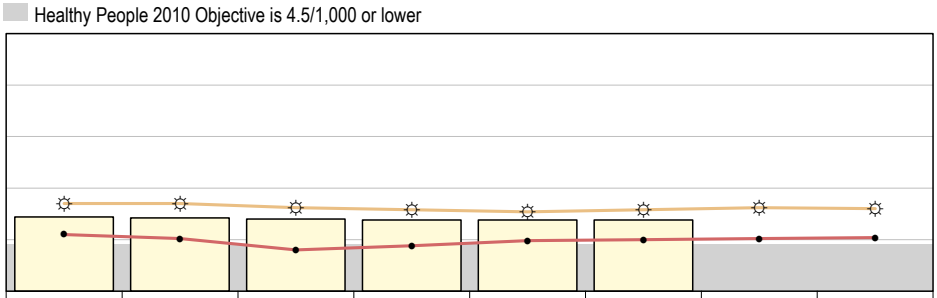
Source:
- Maryland Department of Health and Mental Hygiene.
- Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-1c].

Note:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.
- Regional numbers are based on state data weighted by population.
- The U.S. rate reflects 2001-2003 data.

Infant mortality rates have increased slightly in Frederick County in the past few years.

Infant Mortality Rates

(Average Annual Infant Deaths Per 1,000 Live Births)



	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005
Frederick County	5.5	5.1	4.0	4.4	4.9	5.0	5.1	5.2
Maryland	8.5	8.5	8.1	7.9	7.7	7.9	8.1	8.0
United States	7.2	7.1	7.0	6.9	6.9	6.9		

Source:
- Maryland Department of Health and Mental Hygiene.
- Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-17c]

Note:
- Numbers are a percentage of all live births within each population.

FAMILY PLANNING

In an era when technology should enable couples to have considerable control over their fertility, half of all pregnancies in the United States are unintended. Although between 1987 and 1994 the proportion of pregnancies that were unintended declined in the United States from 57 to 49 percent, other industrialized nations report fewer unintended pregnancies, suggesting that the number of unintended pregnancies can be reduced further. Family planning remains a keystone in attaining a national goal aimed at achieving planned, wanted pregnancies and preventing unintended pregnancies.

Socially, the costs can be measured in unintended births, reduced educational attainment and employment opportunity, greater welfare dependency, and increased potential for child abuse and neglect. Economically, healthcare costs are increased. The consequences of unintended pregnancy are not confined to those occurring in teenagers or unmarried couples. In fact, unintended pregnancy can carry serious consequences at all ages and life stages.

With an unintended pregnancy, the mother is less likely to seek prenatal care in the first trimester and more likely not to obtain prenatal care at all. She is less likely to breastfeed and more likely to expose the fetus to harmful substances, such as tobacco or alcohol. The child of such a pregnancy is at greater risk of low birth weight, dying in its first year, being abused, and not receiving sufficient resources for healthy development. A disproportionate share of the women bearing children whose conception was unintended are unmarried or at either end of the reproductive age span—factors that, in themselves, carry increased medical and social burdens for children and their parents. Pregnancy begun without some degree of planning often prevents individual women and men from participating in preconception risk identification and management.

Unintended pregnancies occur among females of all socioeconomic levels and all marital status and age groups, but females under age 20 years and poor and African American women are especially likely to become pregnant unintentionally. More than 4 in 10 pregnancies to White and Hispanic females [nationwide] are unintended; 7 in 10 pregnancies to African American females [nationwide] are unintended. Poverty is strongly related to greater difficulty in using reversible contraceptive methods successfully, with these females also the least likely to have the resources necessary to access family planning services and the most likely to be affected negatively by an unintended pregnancy.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Births to Unwed Mothers

According to the CDC, an unintended pregnancy is a pregnancy that is either mistimed or unwanted at the time of conception. It is a core concept in understanding the fertility of populations and the unmet need for contraception. Unintended pregnancy is associated with an increased risk of morbidity for women, and with health behaviors during pregnancy that are associated with adverse effects. For example, women with an unintended pregnancy may delay prenatal care, which may affect the health of the infant. Women of all ages may have unintended pregnancies, but some groups, such as teens, are at a higher risk.

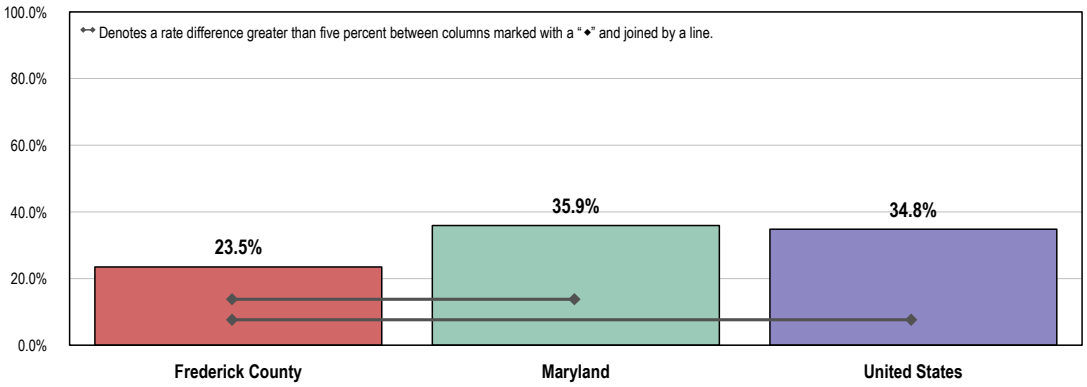
Because it is impossible to measure the true incidence of unintended pregnancy in the U.S., the following indicator looks at births occurring among unmarried mothers as a proxy measure for pregnancies that are not intended (knowing that this is not always the case).

A total of 23.5% of 2003-2005 Frederick County births were to unmarried mothers.

- Lower than the proportion statewide (35.9%).
- Lower than the proportion nationwide (34.8%).

Births to Unwed Mothers

(2003-2005 Average Annual Percentage of Births to Unwed Mothers)

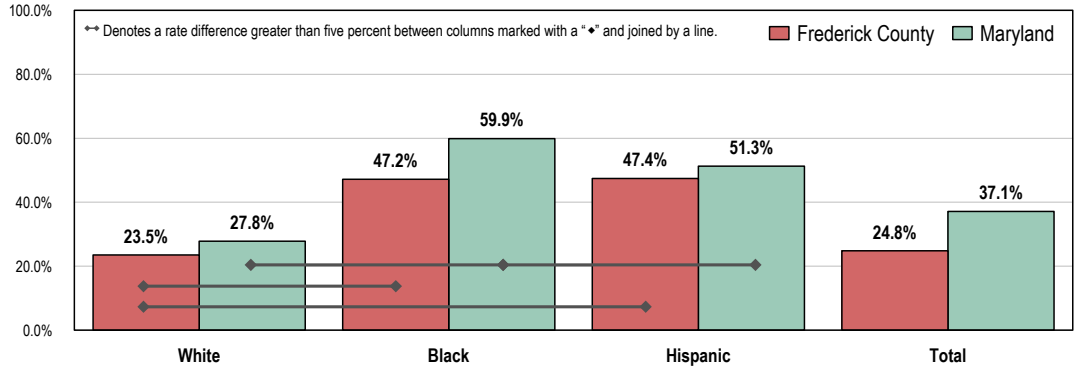


Source: • Maryland Department of Health and Mental Hygiene.
• Centers for Disease Control and Prevention, National Vital Statistics System.
Note: • Numbers are a percentage of all live births within each population.
• The U.S. percentage represents 2002-2004 data.

Births to unwed mothers are considerably more common among Blacks and Hispanics than among Whites in Frederick County.

Births to Unwed Mothers

(2001-2003 Average Annual Percentage of Births to Unwed Mothers)

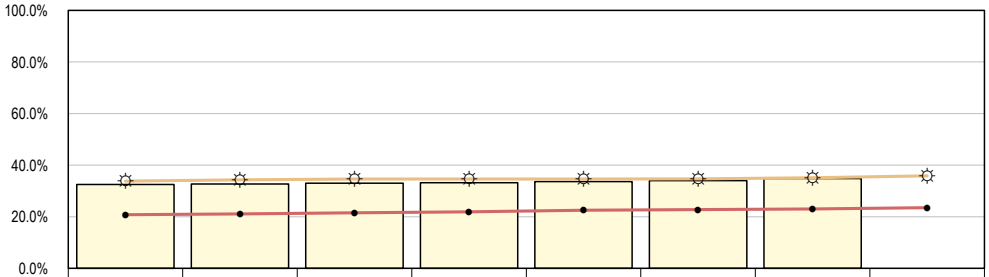


Source: • Maryland Department of Health and Mental Hygiene.
Note: • Numbers are a percentage of all live births within each population.

- Over the past several years, the proportion of births to unmarried women has increased steadily (in Frederick County as well as at the state and national levels).

Births to Unwed Mothers

(Percentage of Live Births)



	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005
Frederick County	20.8%	21.1%	21.5%	21.9%	22.5%	22.8%	23.0%	23.5%
Maryland	33.8%	34.3%	34.6%	34.6%	34.6%	34.7%	35.1%	35.9%
United States	32.5%	32.7%	33.0%	33.2%	33.6%	34.0%	34.8%	

Source:
- Maryland Department of Health and Mental Hygiene.
- Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.

Note:
- Numbers are a percentage of all live births within each population.

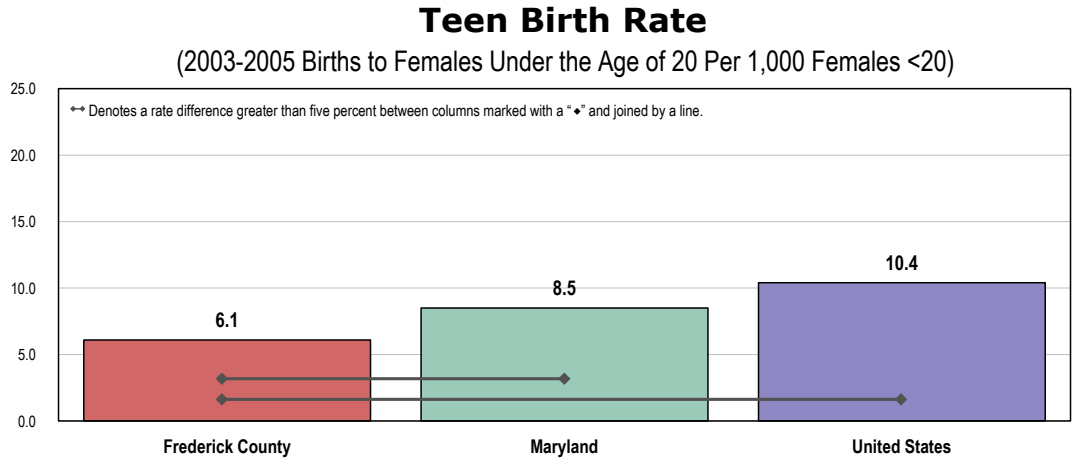
Births to Teenage Mothers

For teenagers, the problems associated with unintended pregnancy are compounded, and the consequences are well documented. Teenaged mothers are less likely to get or stay married, less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not mothers. Infants born to teenaged mothers, especially mothers under age 15 years, are more likely to suffer from low birth weight, neonatal death, and sudden infant death syndrome. The infants may be at greater risk of child abuse, neglect, and behavioral and educational problems at later stages. Nearly 1 million teenage pregnancies occur each year in the United States.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Between 2003 and 2005, there was an annual average of 6.1 births to girls under the age of 20 (per 1,000 females in this age group) in Frederick County.

- More favorable than the 8.5 rate across Maryland.
- More favorable than the 10.4 across the United States.

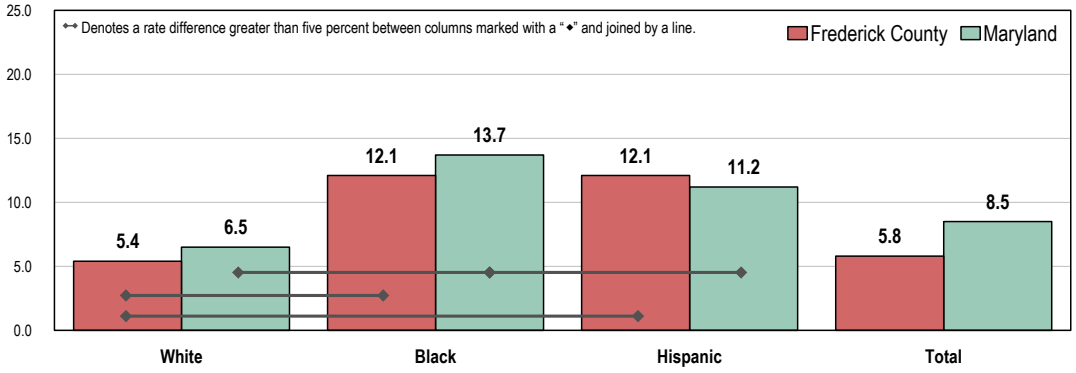


Source: • Maryland Department of Health and Mental Hygiene.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Note: • Rates are per 1,000 females under the age of 20.
• The U.S. teen birth rate represents 2002-2004 data.

Viewed by race, note that teen birth rates are more than twice as high among Black or Hispanic teens than among White teens (in both Frederick County and Maryland overall).

Teen Birth Rate

(2003-2005 Births to Females Under the Age of 20 Per 1,000 Females <20, By Race)

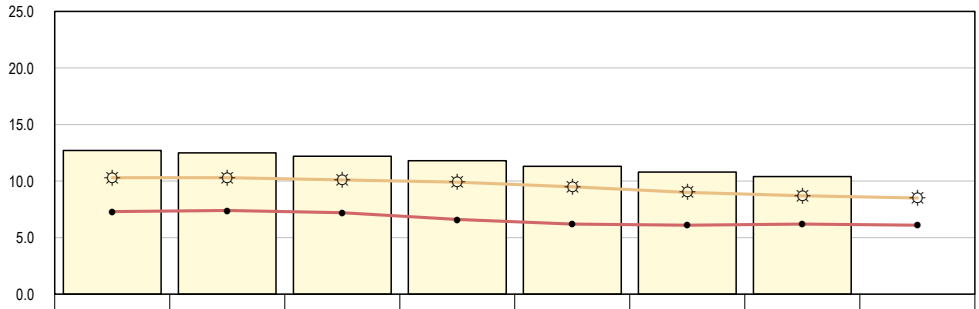


Source: • Maryland Department of Health and Mental Hygiene.
Note: • Rates are per 1,000 females under 20.

Teen birth rates (births to girls under 20) are decreasing in Frederick County, echoing the decreasing trend reported across Maryland and the nation as a whole.

Teen Birth Rate

(Births to Females Under the Age of 20 Per 1,000 Females <20)



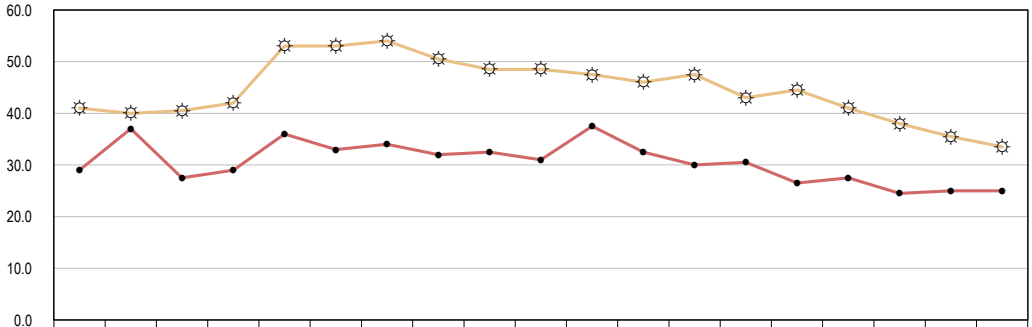
	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005
Frederick County	7.3	7.4	7.2	6.6	6.2	6.1	6.2	6.1
Maryland	10.3	10.3	10.1	9.9	9.5	9.0	8.7	8.5
United States	12.7	12.5	12.2	11.8	11.3	10.8	10.4	

Source: • Maryland Department of Health and Mental Hygiene.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Note: • Rates are per 1,000 females under the age of 20.

- Among girls aged 15 to 19 in Frederick County, birth rates are higher (25.0 per 1,000 females aged 15-19); they too are on a decline, as are Maryland rates.

Birth Rate to Teens Aged 15-19

(Births to Women Aged 15-19 per 1,000 Women 15-19; 1985-2003 Annual Rates)



	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Frederick Co.	29.0	37.0	27.5	29.0	36.0	33.0	34.0	32.0	32.5	31.0	37.5	32.5	30.0	30.5	26.5	27.5	24.5	25.0	25.0
Maryland	41.0	40.0	40.5	42.0	53.0	53.0	54.0	50.5	48.5	48.5	47.5	46.0	47.5	43.0	44.5	41.0	38.0	35.5	33.5

Source: • CLIKS: Community-Level Information on Kids. KIDS COUNT, a Project of the Annie E. Casey Foundation. 2007.
• Maryland Department of Health and Mental Hygiene

Note: • This is a population-based rate of the number of births to women ages 15-19, per 1,000 women 15-19.

Related Focus Group Findings

The availability of birth control, particularly to the Hispanic community, was of concern to many focus group participants in the Allied Health field.

> *With the Hispanic community what a lot of folks will do will be almost like a black market type of thing: they'll go to somebody with these back room pharmacies where they'll get birth control, some kind of syringe or something that they take and they end up having all kind of problems and end up needing antibiotics. Education would be key for the Hispanic population. Birth control is the big thing; a lot of weird options out there.* Allied Health

ACTUAL CAUSES OF DEATH

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the *actual* causes of premature death (reflecting underlying risk factors) are often preventable.

Leading Causes of Death	Underlying Risk Factors (Actual Causes of Death)	
Cardiovascular Disease	*Tobacco use* *Elevated serum cholesterol* *High blood pressure*	*Obesity* *Diabetes* *Sedentary lifestyle*
Cancer	*Tobacco use* *Improper diet*	*Alcohol* *Occupational/environmental exposures*
Cerebrovascular Disease	*High blood pressure* *Tobacco use*	*Elevated serum cholesterol*
Accidental Injuries	*Safety belt noncompliance* *Alcohol/substance abuse* *Reckless driving*	*Occupational hazards* *Stress/fatigue*
Chronic Lung Disease	*Tobacco use*	*Occupational/environmental exposures*

Source: National Center for Health Statistics/U.S. Department of Health and Human Services, Health United States: 1987. DHHS Pub. No. (PHS) 88–1232.

In particular, a 2002 study (an update to a landmark 1993 study), estimated that **as many as 40% of premature deaths in the United States are attributed to behavioral factors**. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.[1]

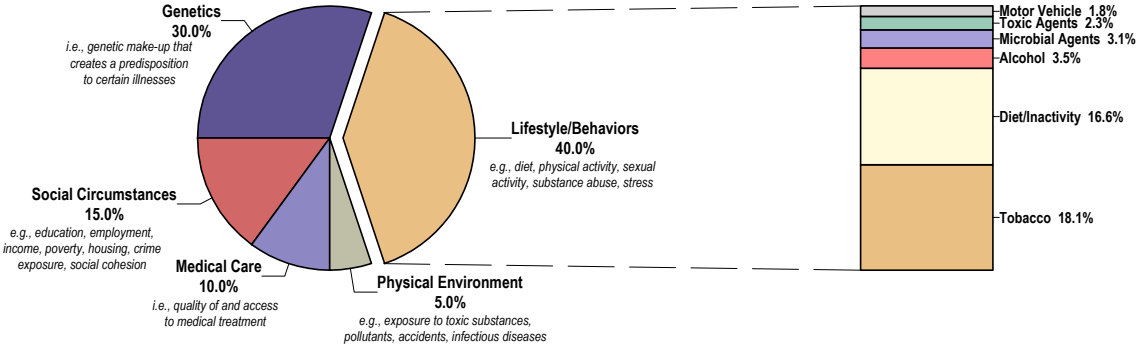
The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity patterns** (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual behavior** (20,000), **and illicit use of drugs** (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, **poor diet and physical inactivity may soon overtake tobacco as the leading cause of death.** These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the U.S. healthcare and public health systems has become more urgent.

– Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." *JAMA*, 291(2004):1238-1245.

[1] "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs, Vol. 21, No. 2, March/April 2002.

Factors Contributing to Premature Deaths in the United States



Sources: "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs, Vol. 21, No. 2, March/April 2002. "Actual Causes of Death in the United States"; (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH) JAMA, 291(2004):1238-1245.

NUTRITION & OVERWEIGHT

Nutrition

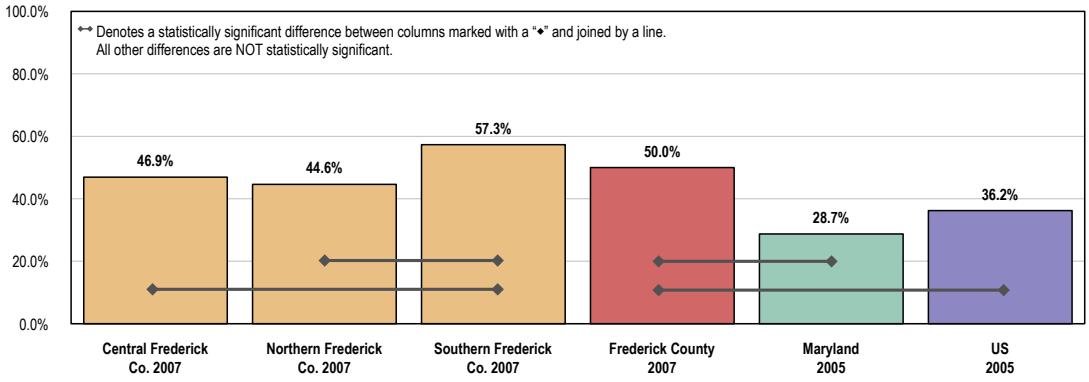
Consumption of Fruits & Vegetables

Daily Recommendation

One-half (50.0%) of surveyed Frederick County adults report eating five or more servings of fruits and/or vegetables per day.

- Much higher than the Maryland (28.7%) percentage.
  - Note, however, that the state question is asked in a different format, limiting comparability.
- Much higher than national findings (36.2%).
- Highest (57.3%) in Southern Frederick County.

Consume Five or More Servings of Fruits/Vegetables per Day



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 162]
- 2005 PRC National Health Survey, Professional Research Consultants.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Maryland data.

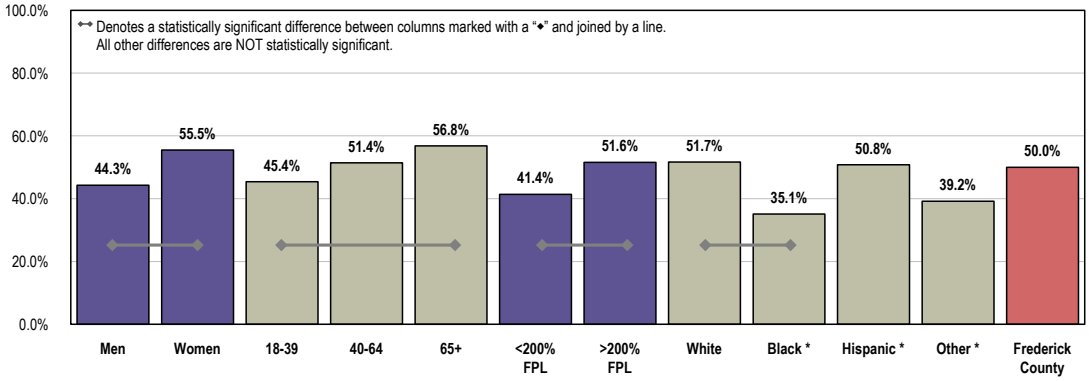
Note:
- Asked of all respondents.
- For this issue, respondents were asked to recall the foods they had eaten on the day prior to the interview.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

The following chart further examines fruit/vegetable consumption by various demographic characteristics. As shown, respondents less likely to eat five or more fruits/vegetables per day include:

- Men.
- Residents under age 40 (as compared to those aged 65 and older).
- Residents living below the 200% poverty threshold.
- Blacks (as compared to Whites).

Consume Five or More Servings of Fruits/Vegetables per Day

(Frederick County, 2007)



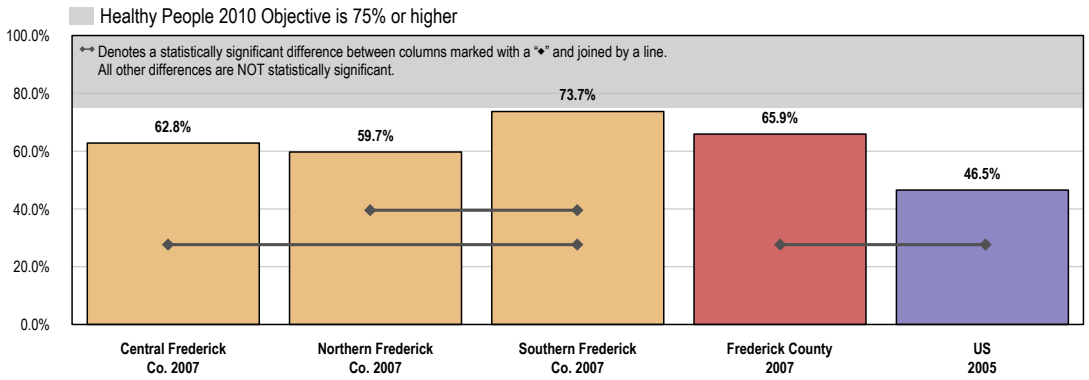
Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 162]
Note: • Asked of all respondents.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White, Black, and Other are non-Hispanic race categorizations.
* **Please use caution when interpreting results among Black, Hispanic and Other race samples; each of these is based on fewer than 50 respondents.** If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Fruits

Nearly two in three Frederick County adults (65.9%) report eating at least two servings of fruit per day.

- More favorable than national findings (46.5%).
- Fails to satisfy the Healthy People 2010 target (75% or higher).
- Highest (73.7%) in Southern Frederick County.

Consume Two or More Servings of Fruits per Day



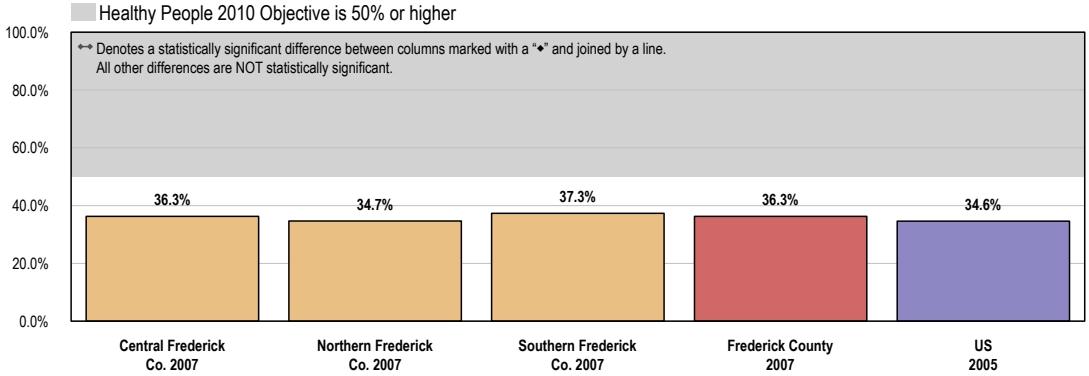
Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 160]
• 2005 PRC National Health Survey, Professional Research Consultants.
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 19-5]
Note: • Asked of all respondents.
• For this issue, respondents were asked to recall the foods they had eaten on the day prior to the interview.
• If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Vegetables

A total of 36.3% of survey respondents report eating three or more servings of vegetables per day, at least one-third of which are dark green or orange vegetables.

- Statistically similar to national findings (34.6%).
- Fails to satisfy the Healthy People 2010 target (50% or higher).
- No significant differences among the three sub-county areas.

Consume Three or More Servings of Vegetables per Day, One-Third of Which Are Dark Green or Orange



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 161]
- 2005 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 19-6]

Note:
- Asked of all respondents.
- For this issue, respondents were asked to recall the foods they had eaten on the day prior to the interview.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Health Advice About Diet & Nutrition

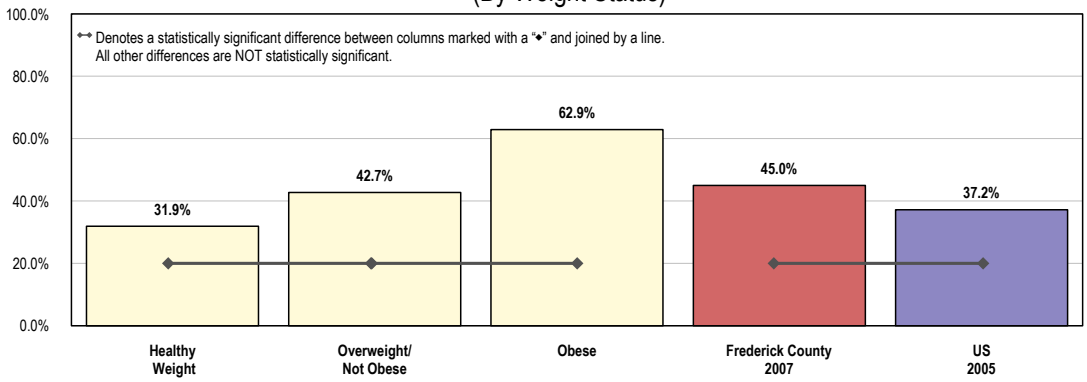
A total of 45.0% of Frederick County respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- More favorable than national findings (37.2%).
- Similar by area (not shown).

Among obese respondents, 62.9% report receiving diet/nutrition advice (significantly higher than found for other weight categories).

Physician Has Asked About or Given Advice Regarding Diet & Nutrition in the Past Year

(By Weight Status)



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 22]
- 2005 PRC National Health Survey, Professional Research Consultants.

Note:
- Asked of all respondents.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Body Weight

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI of ≥ 30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI of ≥ 30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

Overweight and obesity result from a complex interaction between genes and the environment characterized by long-term energy imbalance due to a sedentary lifestyle, excessive caloric consumption, or both. They develop in a socio-cultural environment characterized by mechanization, sedentary lifestyle, and ready access to abundant food. Attempts to prevent overweight and obesity are difficult to both study and achieve.

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI

		BMI (kg/m2)
Underweight		<18.5
Normal		18.5 – 24.9
Overweight		25.0 – 29.9
Obesity	Obesity Class	
	I	30.0 – 34.9
	II	35.0 – 39.9
Extreme Obesity	III	≥40

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

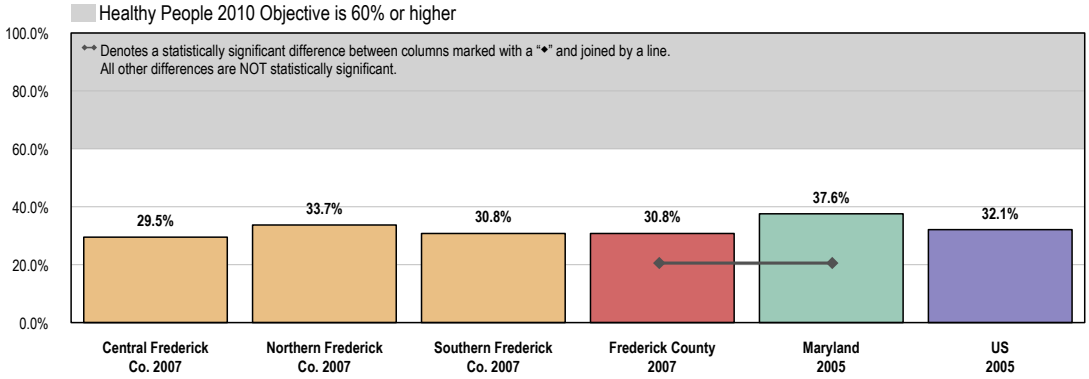
Healthy Weight

Based on self-reported heights and weights, 30.8% of Frederick County adults are at a healthy weight (neither underweight nor overweight, BMI = 18.5-24.9).

- Less favorable than the Maryland prevalence (37.6%).
- Comparable to the national prevalence (32.1%).
- Far from reaching the Healthy People 2010 target (60% or higher).
- No statistical difference by area.

Healthy Weight

(Body Mass Index Between 18.5 and 24.9)



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 152]
- 2005 PRC National Health Survey, Professional Research Consultants.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Maryland data.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Note:
- Based on self-reported height and weight, asked of all respondents.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Overweight Status

Adults

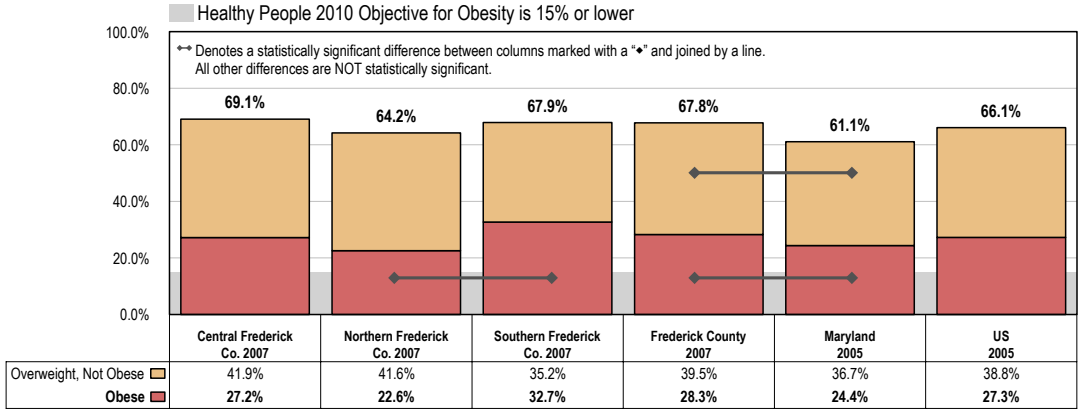
In all, 67.8% of Frederick County adults are overweight (BMI ≥25).

- Less favorable than the Maryland prevalence (61.1%).
- Similar to the U.S. overweight prevalence (66.1%).
- Similar by area.

Specifically, 28.3% of Frederick County adults are obese (BMI ≥30).

- Less favorable than the Maryland prevalence (24.4%).
- Similar to the U.S. prevalence (27.3%).
- Fails to satisfy the Healthy People 2010 target (15% or lower).
- More favorable (22.6%) in Northern Frederick County, compared to Southern Frederick County (32.7%).

Prevalence of Overweight



	Central Frederick Co. 2007	Northern Frederick Co. 2007	Southern Frederick Co. 2007	Frederick County 2007	Maryland 2005	US 2005
Overweight, Not Obese	41.9%	41.6%	35.2%	39.5%	36.7%	38.8%
Obese	**27.2%**	**22.6%**	**32.7%**	**28.3%**	**24.4%**	**27.3%**

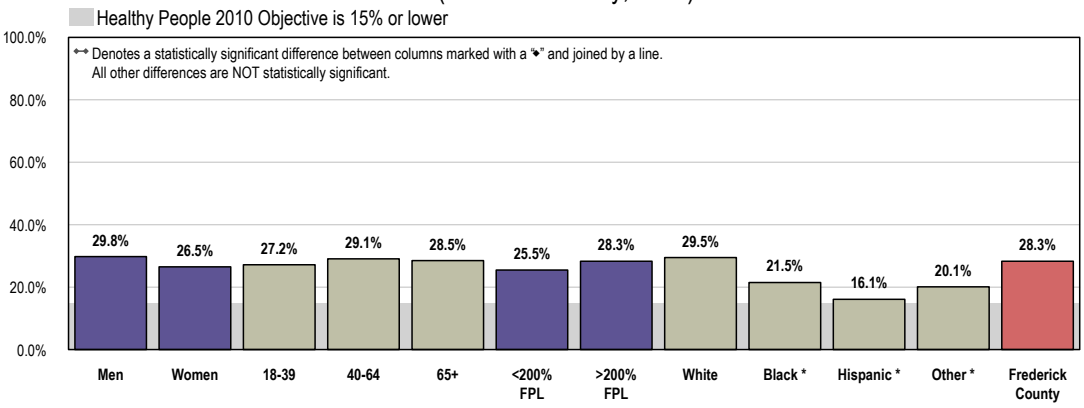
Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 152]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Maryland data.
- 2005 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 19-2]

Note:
- Based on self-reported height and weight, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Note that no statistically meaningful differences in obesity levels are observed by the respondents' gender, age, income level, or race/ethnicity.

Prevalence of Obesity

(Frederick County, 2007)



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Note:
- Based on self-reported height and weight, asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
- White, Black, and Other are non-Hispanic race categorizations.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0.
- * **Please use caution when interpreting results among Black, Hispanic and Other race samples; each of these is based on fewer than 50 respondents.** If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Relationship of Overweight With Other Health Issues

The correlation between overweight and various health issues cannot be disputed.

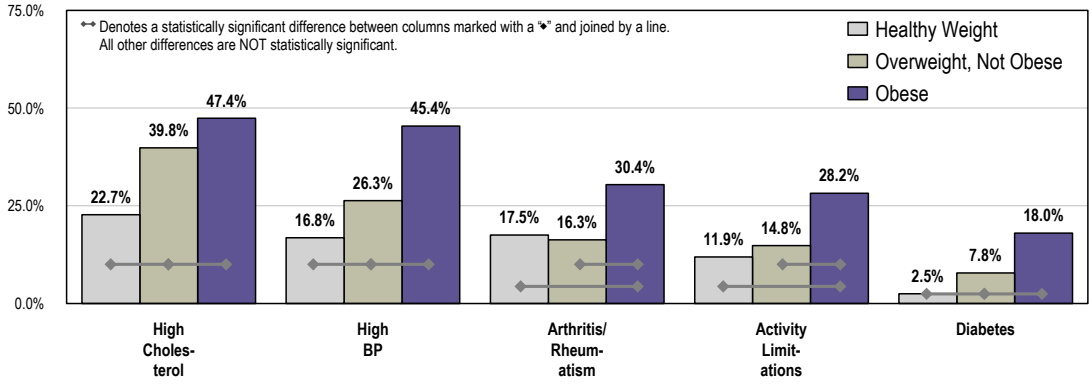
Among Frederick County community members, obese adults are much more likely to report a number of adverse health conditions.

These include:

- High cholesterol.
- Hypertension (high blood pressure).
- Arthritis/rheumatism.
- Activity limitations.
- Diabetes.

Relationship of Overweight With Other Health Issues

(Frederick County, 2007)



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Items 7,32-35,42,46,50,108,112,155]
Note: • Reflects responses among all of respondents, segmented by their bodyweight category (categories are mutually exclusive).
• If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

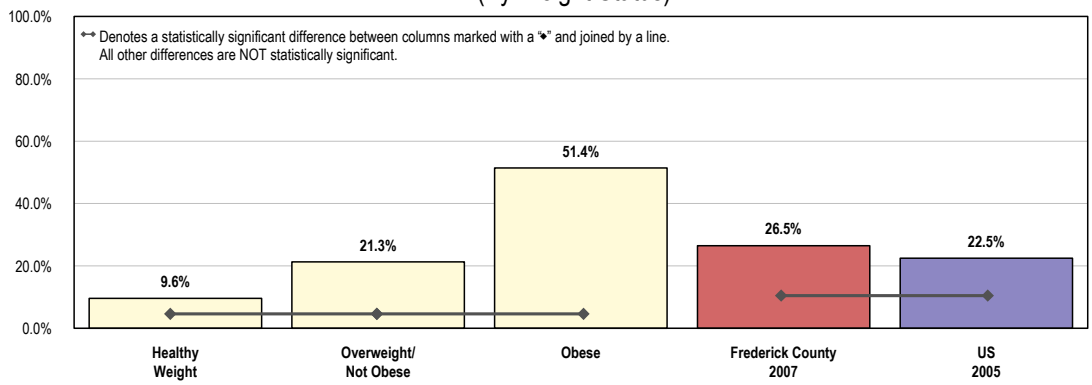
Health Advice About Weight Management

A total of 26.5% of Frederick County adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Higher than national findings (22.5%).
- Note that 51.4% of obese Frederick County adults have been given advice about their weight by a health professional in the past year (significantly higher than found for those in other weight categories).

Physician, Nurse or Other Health Professional Has Given Advice About Weight in the Past Year

(By Weight Status)



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 107]
- 2005 PRC National Health Survey, Professional Research Consultants.

Note:
- Asked of all respondents.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Weight Control

Many diseases are associated with overweight and obesity. Persons who are overweight or obese are at increased risk for high blood pressure, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea, respiratory problems, and some types of cancer. The health outcomes related to these diseases, however, often can be improved through weight loss or, at a minimum, no further weight gain. Total costs (medical costs and lost productivity) attributable to obesity alone amounted to an estimated $99 billion in 1995.

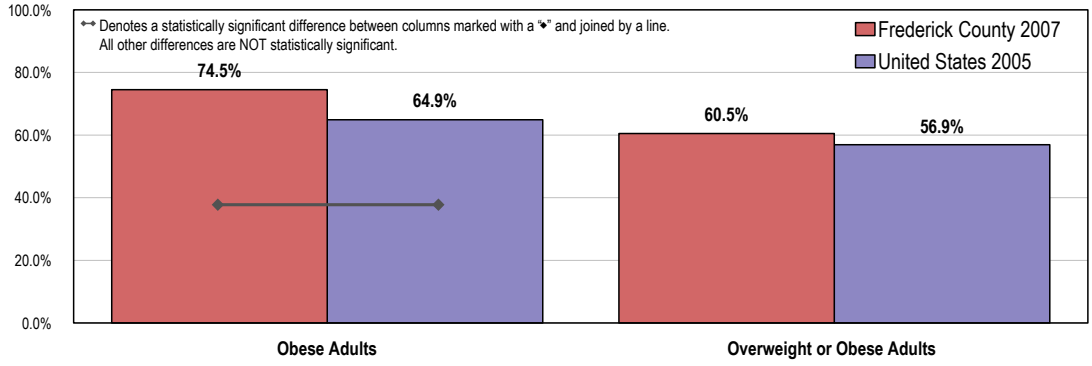
– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

60.5% of Frederick County adults who are overweight say that they are trying to lose weight.

- Similar to the national findings (56.9%).
- Note: 74.5% of obese Frederick County adults report that they are trying to lose weight (significantly higher than found among obese respondents nationally).

Trying to Lose Weight

(Among Respondents Who Are Overweight; By Weight Status)



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 156]
- 2005 PRC National Health Survey, Professional Research Consultants.

Note:
- Reflects responses among overweight respondents (categories are not mutually exclusive).
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Most respondents who are trying to lose weight (72.9%) say they are using both diet and exercise.

- A total of 22.7% say they are only making changes to their diet, while 4.4% are only using exercise to lose weight.

Child Overweight

In children and teens, body mass index is used to assess underweight, overweight, and risk for overweight. Children's body fatness changes over the years as they grow. Also, girls and boys differ in their body fatness as they mature. This is why BMI for children (also referred to as BMI-for-age) is gender- and age-specific. BMI-for-age is plotted on gender specific growth charts. These charts are used for children and teens 2 – 20 years of age. Healthcare professionals use the following established percentile cutoff points to identify underweight and overweight in children.

Underweight	<5th percentile
At Risk of Overweight	85th to 95th percentile
Overweight	≥ 95th percentile

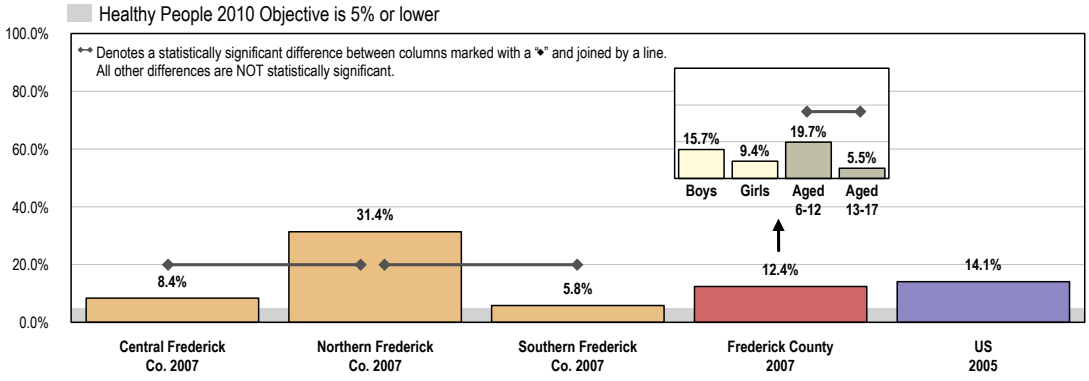
– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

12.4% of Frederick County children aged 6 to 17 are overweight, based on heights/ weights reported by surveyed parents.

- Similar to the national proportion (14.1%).
- Notably higher (31.4%) in Northern Frederick County.
- Varies from 19.7% among Frederick County children aged 6 to 12 to 5.5% among teens.
- Does not vary significantly by gender.

Child Overweight

(Among Children Ages 6 to 17)



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 155]
- 2005 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 19-3a-b]

Note:
- Asked of all respondents with children aged 6 to 17 at home.
- Overweight among children is estimated based on children's' Body Mass Index status above the 95th percentile of U.S. growth charts by gender and age.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Related Focus Group Findings

Physicians were particularly concerned about the county's obesity issue. Conversation ranged from discussion about overweight teens to setting a good example with food choices at the hospital cafeteria.

> *Teen obesity is an issue.* Political & Community Leader
>
> *I mean, where do people eat? They don't eat somewhere where they serve veggies … they're eating at McDonalds. People seem oblivious. And then they get sick and they want help. It's cheaper to eat there though.* Physician
>
> *Our hospital cafeteria should be a beacon of healthy eating. We shouldn't be able to go down there and order French fries. We've got a captive audience; people at the hospital many times don't have other options.* Physician

PHYSICAL ACTIVITY & FITNESS

The 1990s brought a historic new perspective to exercise, fitness, and physical activity by shifting the focus from intensive vigorous exercise to a broader range of health-enhancing physical activities. Research has demonstrated that virtually all individuals will benefit from regular physical activity. A Surgeon General's report on physical activity and health concluded that moderate physical activity can reduce substantially the risk of developing or dying from heart disease, diabetes, colon cancer, and high blood pressure. Physical activity also may protect against lower back pain and some forms of cancer (for example, breast cancer), but the evidence is not yet conclusive.

On average, physically active people outlive those who are inactive. Regular physical activity also helps to maintain the functional independence of older adults and enhances the quality of life for people of all ages.

The role of physical activity in preventing coronary heart disease (CHD) is of particular importance, given that CHD is the leading cause of death and disability in the United States. Physically inactive people are almost twice as likely to develop CHD as persons who engage in regular physical activity. The risk posed by physical inactivity is almost as high as several well-known CHD risk factors, such as cigarette smoking, high blood pressure, and high blood cholesterol. Physical inactivity, though, is more prevalent than any one of these other risk factors. People with other risk factors for CHD, such as obesity and high blood pressure, may particularly benefit from physical activity.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

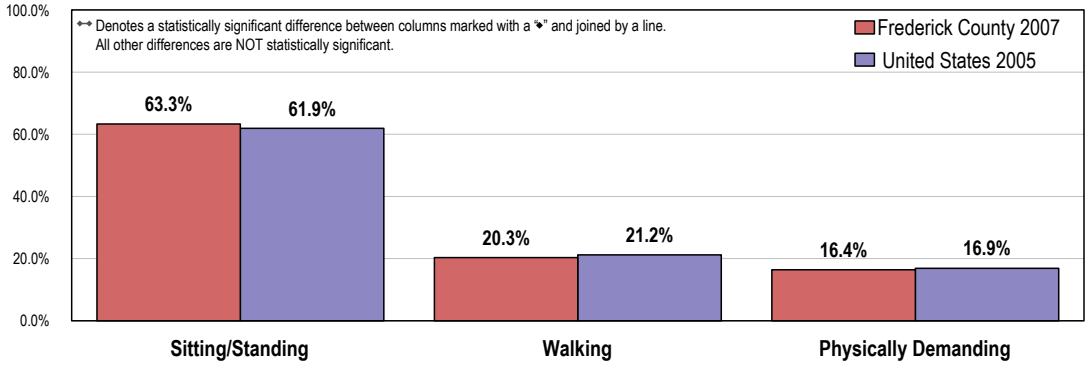
Work-Related Activity

A majority of employed Frederick County respondents report low levels of physical activity at work.

- 63.3% of employed Frederick County respondents report that their job entails mostly sitting or standing, comparable to the U.S. figure (61.9%).
- 20.3% report that their job entails mostly walking (comparable to the 21.2% reported nationally).
- 16.4% report that their work is physically demanding (nearly identical to the 16.9% reported across the nation).

Primary Level of Physical Activity at Work

(Among Employed Respondents)



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 101]
- 2005 PRC National Health Survey, Professional Research Consultants.

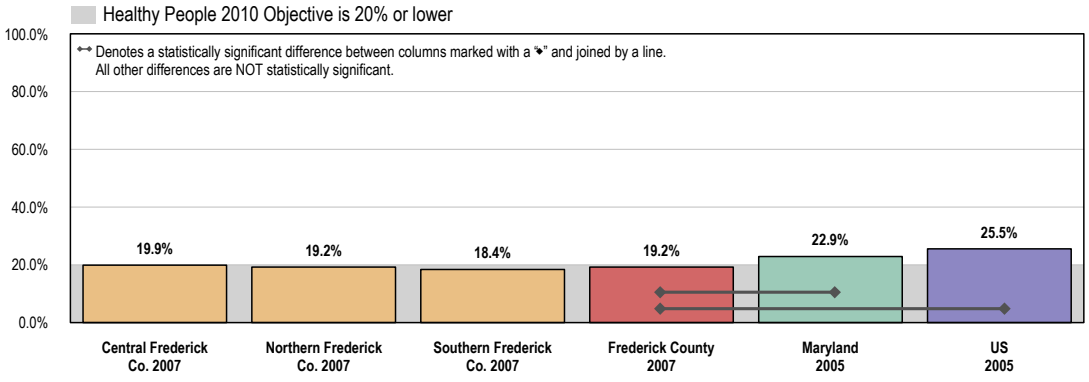
Note:
- Asked of all employed respondents.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Leisure-Time Physical Activity

19.2% of Frederick County adults report no leisure-time physical activity in the past month.

- More favorable than the 22.9% across Maryland.
- More favorable than national findings (25.5%).
- Comparable to the Healthy People 2010 objective (20% or lower).
- Similar among the three sub-county areas.

No Leisure-Time Physical Activity in the Past Month



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 102]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Maryland data.
- 2005 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 22-1]

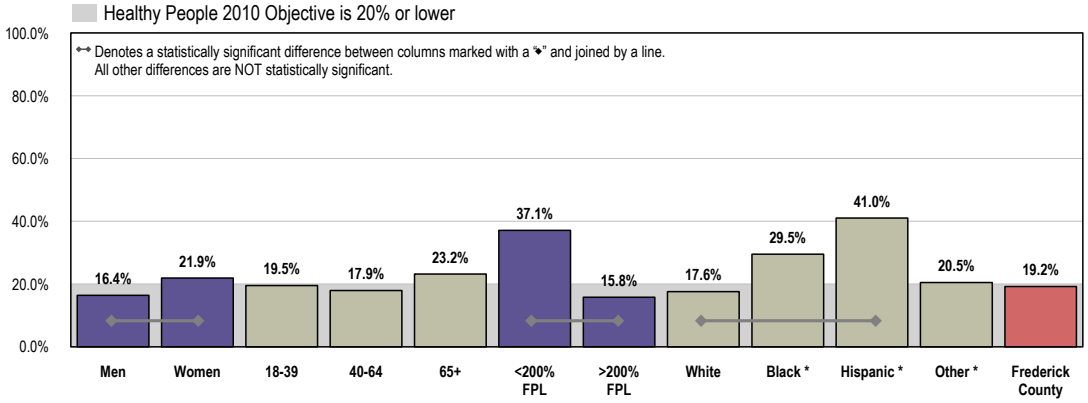
Note:
- Asked of all respondents.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

The following chart further examines physical inactivity by various demographic characteristics. Lack of leisure-time physical activity is higher among the following Frederick County adults:

- Women.
- Residents living at lower incomes.
- Hispanics respondents (when compared to White respondents).

No Leisure-Time Physical Activity in Past Month

(Frederick County, 2007)



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 102]
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 22-1]

Note:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
- White, Black, and Other are non-Hispanic race categorizations.
- * **Please use caution when interpreting results among Black, Hispanic and Other race samples; each of these is based on fewer than 50 respondents.** If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Activity Levels

Effects of Physical Inactivity and Unhealthy Diets

- Poor diet and physical inactivity lead to 300,000 deaths each year—second only to tobacco use.
- People who are overweight or obese increase their risk for heart disease, diabetes, high blood pressure, arthritis-related disabilities, and some cancers.
- Not getting an adequate amount of exercise is associated with needing more medication, visiting a physician more often, and being hospitalized more often.

Costs

- The direct medical cost associated with physical inactivity was $29 billion in 1987 and nearly $76.6 billion in 2000.
- The annual cost of obesity in the United States is about $100 billion.
- After controlling for physical limitations and socioeconomic status, researchers found that more than 12% of the annual medical costs of inactive people with arthritis is associated with their inactivity.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Recommended Levels of Physical Activity

Frederick County adults should strive to meet either of the following physical activity recommendations:

- Moderate-intensity physical activities (inducing only light sweating or a slight to moderate increase in breathing or heart rate) for at least 30 minutes on 5 or more days of the week.
  – *Centers for Disease Control and Prevention/American College of Sports Medicine*

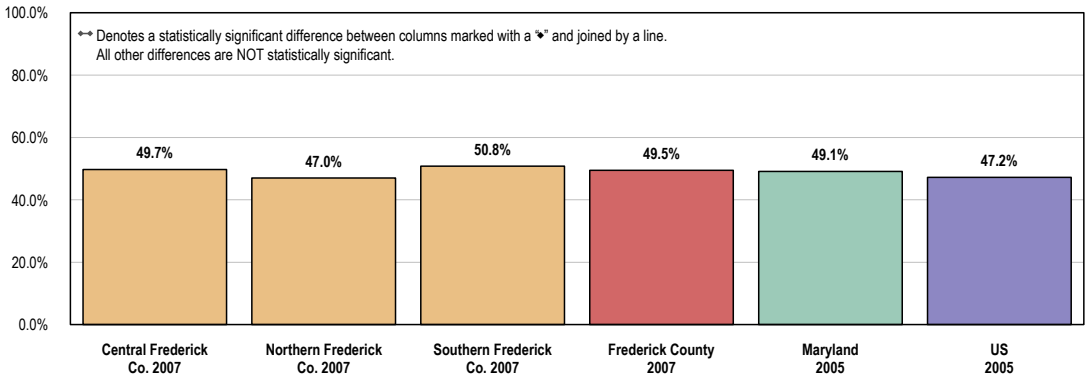
  OR

- Vigorous-intensity physical activity (inducing heavy sweating or a large increase in breathing or heart rate) 3 or more days per week for 20 or more minutes per occasion.
  – *Healthy People 2010*

A total of 49.5% of Frederick County adults participate in regular, sustained moderate or vigorous physical activity.

- Similar to the percentage across Maryland (49.1%).
- Similar to national findings (47.2%).
- Similar among the three sub-county areas.

Meets Physical Activity Recommendations

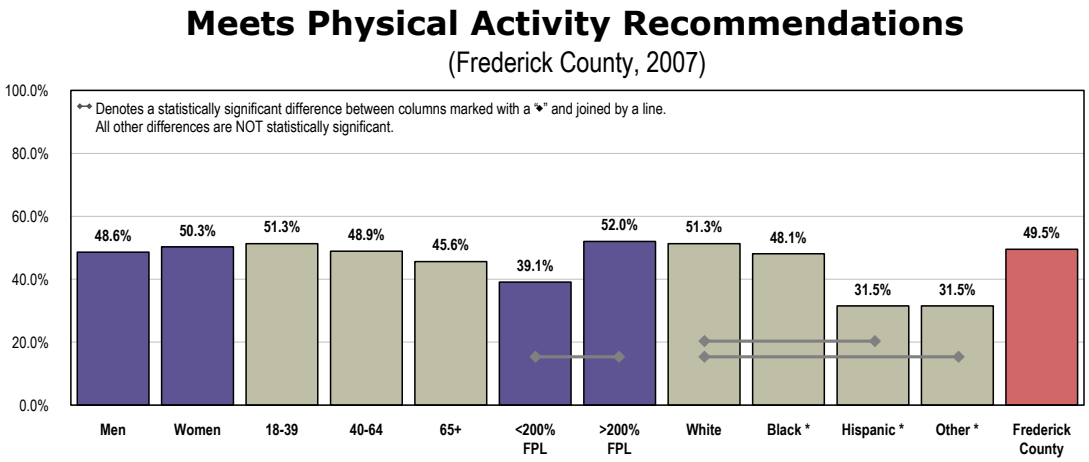


Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 159]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Maryland data.
- 2005 PRC National Health Survey, Professional Research Consultants.

Note:
- Asked of all respondents.
- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Frederick County demographic groups less likely to meet the physical activity recommendations include:

- Residents living at lower incomes.
- Hispanic or "Other" race respondents (when compared to White respondents).



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 159]
Note: • Asked of all respondents.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White, Black, and Other are non-Hispanic race categorizations.
• In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.
* **Please use caution when interpreting results among Black, Hispanic and Other race samples; each of these is based on fewer than 50 respondents.** If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Moderate & Vigorous Physical Activity

The individual indicators of moderate and vigorous physical activity are shown in the following chart.

30.4% of Frederick County adults participated in moderate physical activity (5 times a week, 30 minutes at a time) in the past month.

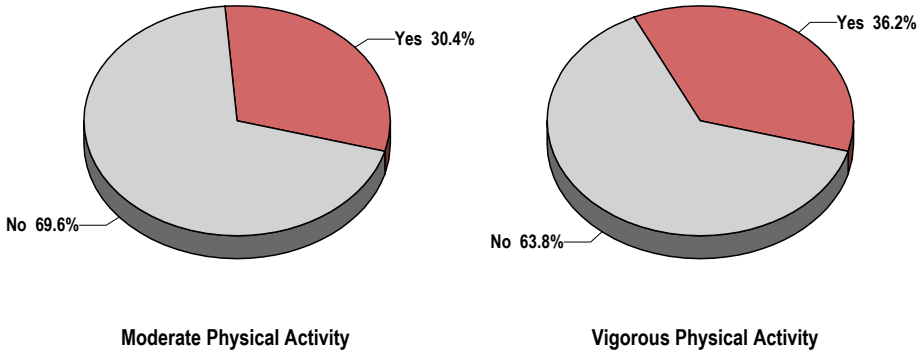
- Less favorable than the state finding (35.1%).
- Similar to the 31.8% reported nationally.
- Similar to the Healthy People 2010 objective for moderate activity (30% or higher).
- More favorable in Northern Frederick County (36.9%) than in Southern Frederick County (27.5%).

Another 36.2% participated in vigorous physical activity (3 times a week, 20 minutes at a time) in the past month.

- More favorable than the 29.6% reported across Maryland.
- Similar to the national finding (33.9%).
- Satisfies the Healthy People 2010 objective for vigorous activity (30% or higher).
- More favorable in Southern Frederick County (39.9%) than Northern Frederick County (29.1%).

Moderate & Vigorous Physical Activity

(Frederick County, 2007)



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Items 157-158]
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 22-2]

Note:
- Asked of all respondents.
- In this case, the term "moderate physical activity" refers to exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times a week for 30 minutes at a time.
- The term "vigorous physical activity" includes activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times a week for 20 minutes at a time.

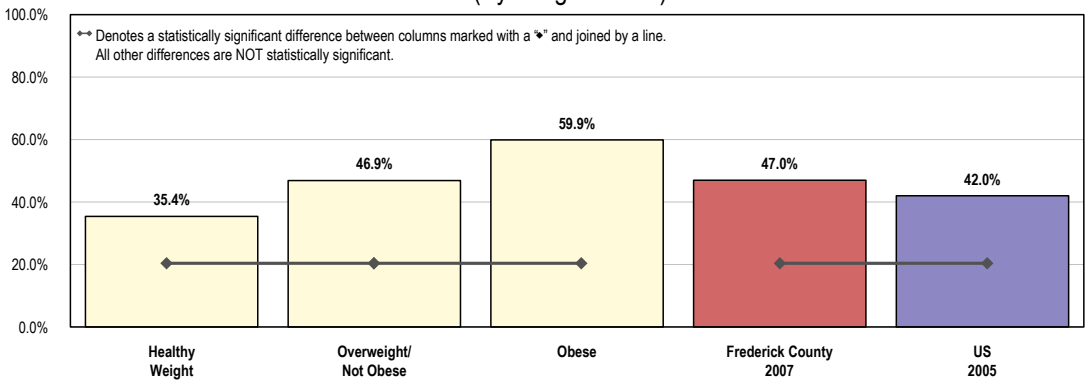
Health Advice About Physical Activity & Exercise

A total of 47.0% of Frederick County adults report that their physician has asked about or given advice to them about physical activity in the past year.

- More favorable than the national average (42.0%).
- No statistical differences when viewed by area.
- Note: 59.9% of obese Frederick County respondents say that they have talked with their doctor about physical activity/exercise in the past year (significantly higher than found among those in other weight categories).

Physician Has Asked About or Given Advice Regarding Physical Activity/Exercise in Past Year

(By Weight Status)



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 23]
- 2005 PRC National Health Survey, Professional Research Consultants.

Note:
- Asked of all respondents.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Related Focus Group Findings

Bike paths and walking trails are exercise-friendly assets that focus group participants would like to see in Frederick County. Focus group members commented on today's society and the perception of crime among parents who won't let their children take long bike rides. The lack of enough physical activity at school was also a common theme.

> *As a teacher you see that these students are not getting the exercise that they need. But the Department of Education has this mindset that our students have to write really, really well. They have to be able to read and understand everything and they have to do math. And those are the three things that are most important in school. And everything else takes the backseat.* Political & Community Leader
>
> *Not only that, there's no safe place to really bike or walk in this county, unless you go down to the canal, and that requires transportation.* Political & Community Leader
>
> *Even walking to school is a dangerous event for many of these children … We need to have some dedicated walking trails and bike paths.* Political & Community Leader
>
> *There's no place for people to ride their bicycles. They're competing with street space on congested streets, with bicycles.* Political & Community Leader
>
> *I think when you talk about risk behavior, lack of physical activity for children. We're teaching them bad habits from the start.* Political & Community Leader
>
> *I think adults are working long hours. We have a lot of people commuting, which I think means they come home too tired to exercise. I think that adds to stress. People choosing to live far away from where they work.* Political & Community Leader
>
> *Physical Ed is only one year in high school now. One year!* Physician
>
> *The suburbs is such an American phenomena; you can't just walk into the village like you can in Europe.* Physician
>
> *Our school bus stops at every fourth house. I mean, are you kidding me?* Physician

SUBSTANCE ABUSE

Substance abuse and its related problems are among society's most pervasive health and social concerns. Each year, about 100,000 deaths in the United States are related to alcohol consumption. Illicit drug abuse and related acquired immunodeficiency syndrome (AIDS) deaths account for at least another 12,000 deaths. In 1995, the economic cost of alcohol and drug abuse was $276 billion. This represents more than $1,000 for every man, woman, and child in the United States to cover the costs of healthcare, motor vehicle crashes, crime, lost productivity, and other adverse outcomes of alcohol and drug abuse.

A substantial proportion of the population drinks alcohol. Alcohol use and alcohol-related problems also are common among adolescents. Excessive drinking has consequences for virtually every part of the body. The wide range of alcohol-induced disorders is due (among other factors) to differences in the amount, duration, and patterns of alcohol consumption, as well as differences in genetic vulnerability to particular alcohol-related consequences. Alcohol use has been linked with a substantial proportion of injuries and deaths from motor vehicle crashes, falls, fires, and drownings. It also is a factor in homicide, suicide, marital violence, and child abuse and has been associated with high-risk sexual behavior.

Illegal use of drugs, such as heroin, marijuana, cocaine, and methamphetamine, is associated with other serious consequences, including injury, illness, disability, and death, as well as crime, domestic violence, and lost workplace productivity. Drug users and persons with whom they have sexual contact run high risks of contracting gonorrhea, syphilis, hepatitis, tuberculosis, and human immunodeficiency virus (HIV). The relationship between injection drug use and HIV/AIDS transmission is well known. Injection drug use also is associated with hepatitis B and C infections… Long-term consequences, such as chronic depression, sexual dysfunction, and psychosis, may result from drug use.

Although there has been a long-term drop in overall use, many people in the United States still use illicit drugs… Drug use among adolescents aged 12 to 17 years doubled between 1992 and 1997… Drug and alcohol use by youth also is associated with other forms of unhealthy and unproductive behavior, including delinquency and high-risk sexual activity.

The stigma attached to substance abuse increases the severity of the problem. The hiding of substance abuse, for example, can prevent persons from seeking and continuing treatment and from having a productive attitude toward treatment. Compounding the problem is the gap between the number of available treatment slots and the number of persons seeking treatment for illicit drug use or problem alcohol use.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Cirrhosis/Liver Disease

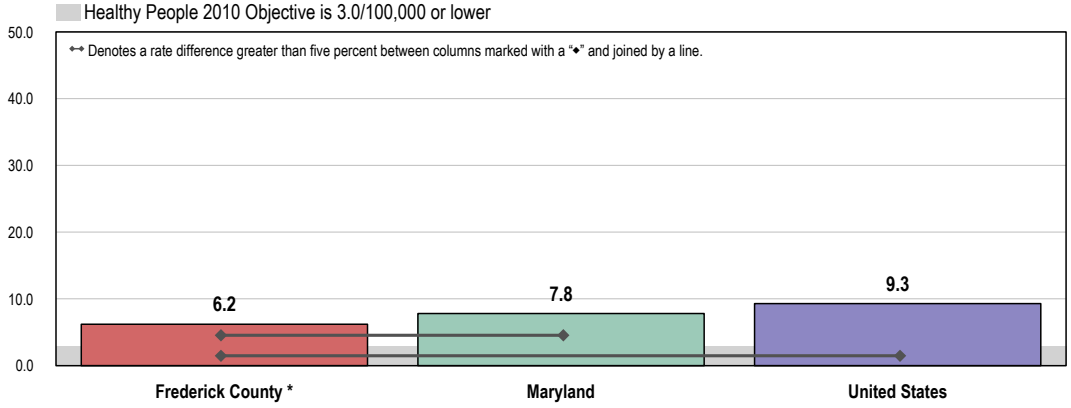
Between 2002 and 2004, the Frederick County age-adjusted cirrhosis/liver disease death rate was 6.2 per 100,000 population.*

- More favorable than the 7.8 rate reported across Maryland.
- More favorable than the 9.3/100,000 rate found nationally.
- Fails to satisfy the Healthy People objective of 3.0/100,000 or lower.

* *Note, however, that the Frederick County rate is not deemed statistically reliable.*

Age-Adjusted Mortality: Cirrhosis/Liver Disease

(2002-2004 Annual Average Deaths per 100,000 Population)



Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2007.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 26-2]

Note:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- * **NOTE: The Frederick County rate is not deemed statistically reliable.**

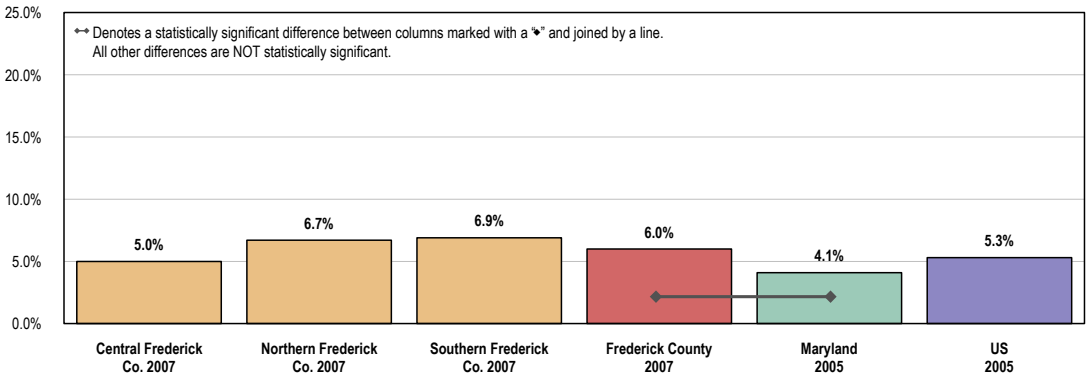
Chronic Drinking

Chronic drinkers include survey respondents reporting 60 or more drinks of alcohol in the month preceding the interview. For the purposes of this study, a "drink" is considered one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail or one shot of liquor.

6.0% of Frederick County adults report an average of two or more drinks of alcohol per day in the past month.

- Less favorable than the 4.1% across Maryland.
- Similar to national findings (5.3%).
- Does not vary significantly by area.

Chronic Drinkers

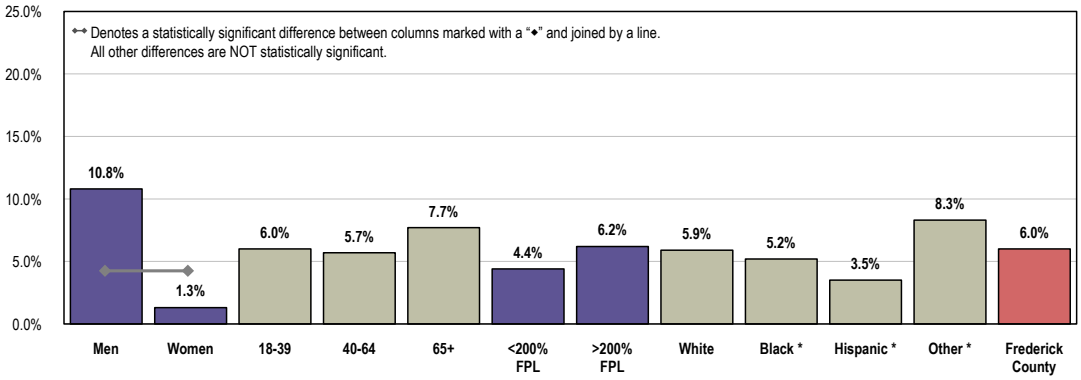


Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 168]
- 2005 PRC National Health Survey, Professional Research Consultants.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Maryland data.

Note:
- Asked of the total sample of respondents.
- Chronic drinkers are defined as those who have had at least 60 drinks of alcoholic beverages during the past month.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

In Frederick County, chronic drinking is more prevalent among men.

Chronic Drinkers
(Frederick County, 2007)



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 168]

Note:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
- White, Black, and Other are non-Hispanic race categorizations.
- Chronic drinkers are defined as those who have had at least 60 drinks of alcoholic beverages during the past month.
- * **Please use caution when interpreting results among Black, Hispanic and Other race samples; each of these is based on fewer than 50 respondents.** If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

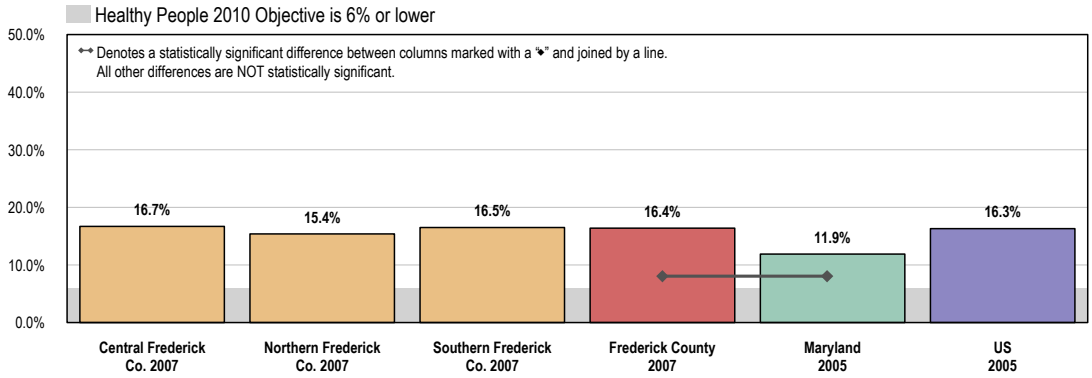
Binge Drinking

Binge drinkers include survey respondents who report that there was one or more times in the past month when they drank five or more drinks on a single occasion.

A total of 16.4% of Frederick County adults are binge drinkers.

- Less favorable than the 11.9% in Maryland.
- Nearly identical to the 16.3% reported nationwide.
- Fails to satisfy the Healthy People 2010 target (6% or lower).
- Statistically similar among the sub-county areas.

Binge Drinkers



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 169]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Maryland data.
- 2005 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 26-11c]

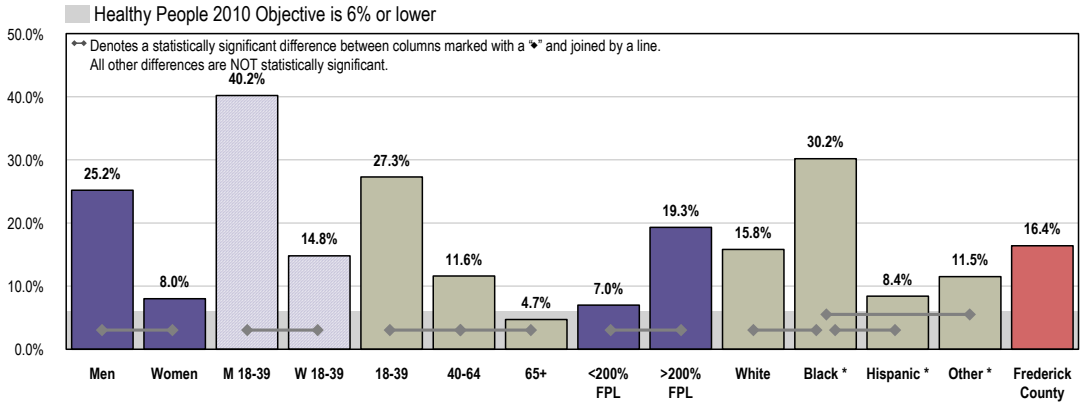
Note:
- Asked of the total sample of respondents.
- Binge drinkers are those who have had 5 or more alcoholic drinks on any one occasion at least once in the past month.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Most demographic groups fall outside the targeted Healthy People 2010 range. Binge drinking in Frederick County is more prevalent among:

- Men (especially those under 40).
- Younger adults (negative correlation with age).
- Residents with higher incomes.
- Black respondents.

Binge Drinkers

(Frederick County, 2007)



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 169]
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 26-11c]

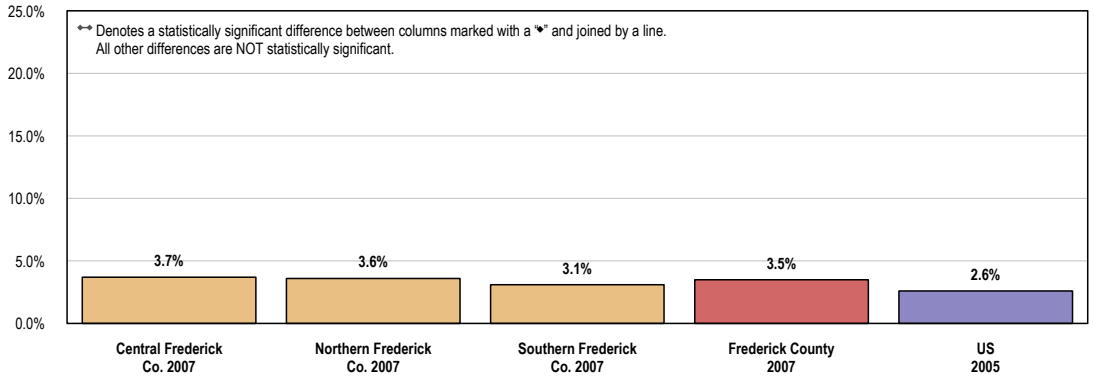
Note:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
- White, Black, and Other are non-Hispanic race categorizations.
- Binge drinkers are those who have had 5 or more alcoholic drinks on any one occasion at least once during the past month.
- * **Please use caution when interpreting results among Black, Hispanic and Other race samples; each of these is based on fewer than 50 respondents.** If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Drinking & Driving

A total of 3.5% of Frederick County adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Statistically similar to national findings (2.6%).
- Similar by area.

Have Driven in the Past Month After Perhaps Having Too Much to Drink



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 69]
- 2005 PRC National Health Survey, Professional Research Consultants.

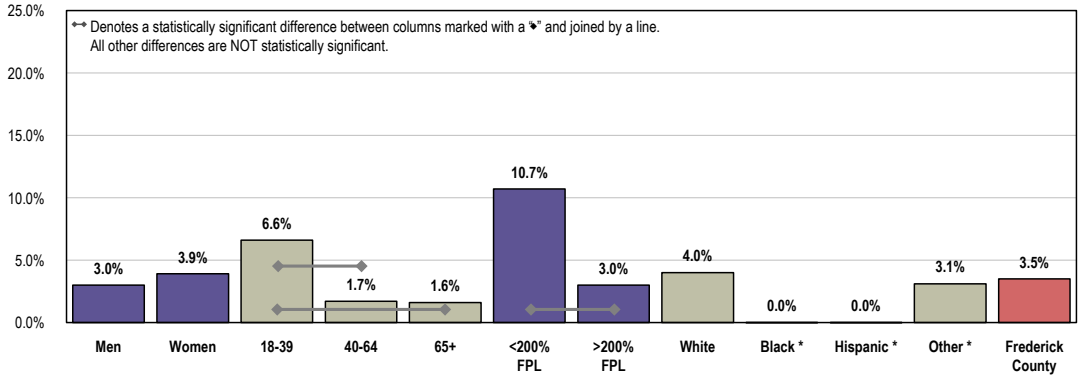
Note:
- Asked of all respondents.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Self-reported drinking and driving in Frederick County is more prevalent among:

- Adults under age 40.
- Residents living at lower incomes.

Have Driven During the Past Month After Having Had Too Much to Drink

(Frederick County, 2007)



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 69]
Note: • Asked of all respondents.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White, Black, and Other are non-Hispanic race categorizations.
* **Please use caution when interpreting results among Black, Hispanic and Other race samples; each of these is based on fewer than 50 respondents.** If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

A total of 5.1% of Frederick County adults acknowledge <u>either</u> drinking and driving <u>or</u> *riding* with a drunk driver in the past month.

- Statistically similar to national findings (5.2%).
- Similar by area.

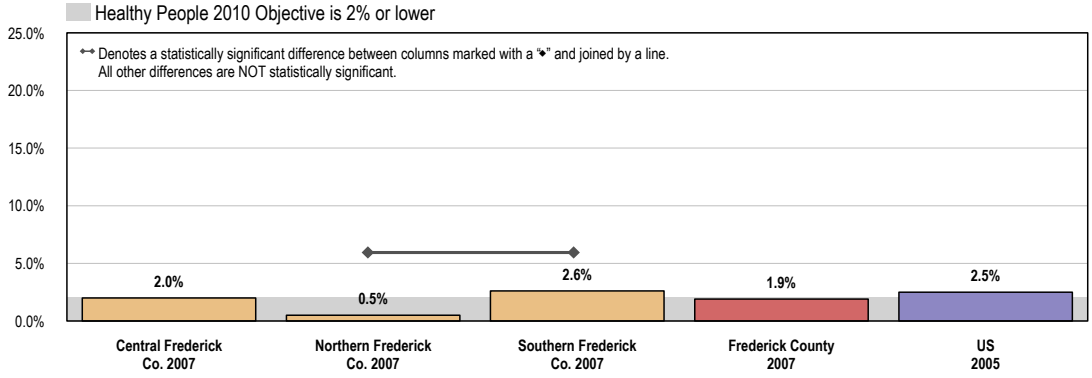
Illicit Drug Use

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Just 1.9% of Frederick County residents acknowledge using an illicit drug in the past month.

- Statistically comparable to the 2.5% reported across the nation.
- Comparable to the Healthy People 2010 objective of 2% or lower.
- More favorable (0.5%) in Northern Frederick County when compared to Southern Frederick County (2.6%).

Self-Reported Illicit Drug Use in the Past Month



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 71]
- 2005 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 26-10c]

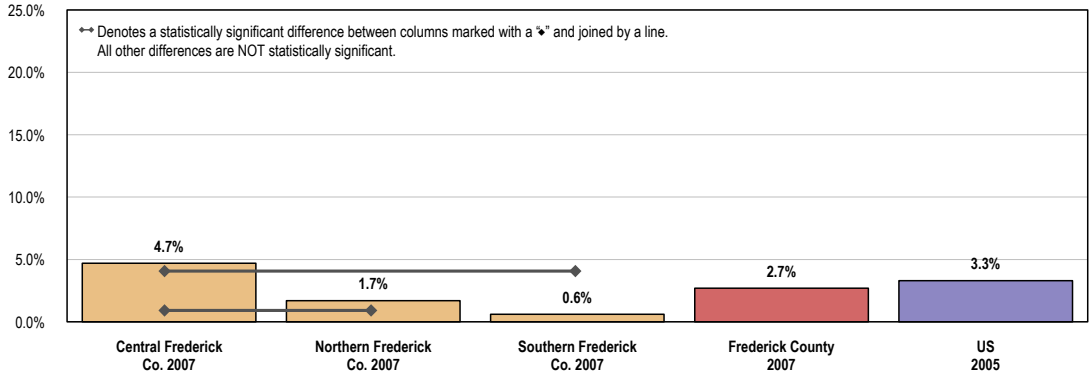
Note:
- Asked of all respondents.
- In this case, the term "illicit drug use" includes use of an illegal drug and/or use of a prescription drug without a physician's orders.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Substance Abuse Treatment

2.7% of Frederick County adults say that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Statistically similar to the 3.3% reported across the nation.
- Notably higher (4.7%) in Central Frederick County.

Have Ever Sought Professional Help for an Alcohol- or Drug-Related Problem



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 72]
- 2005 PRC National Health Survey, Professional Research Consultants.

Note:
- Asked of all respondents.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Related Focus Group Findings

Focus group participants touched on the issue of substance abuse in more than one session.

> *Substance abuse is also a huge issue.* Social Services Provider
>
> *One of the things that I find that this community is lacking is housing or houses that will provide for men who go through substance abuse or alcoholism.* Political & Community Leader

TOBACCO USE

Cigarette smoking causes heart disease, several kinds of cancer (lung, larynx, esophagus, pharynx, mouth, and bladder), and chronic lung disease. Cigarette smoking also contributes to cancer of the pancreas, kidney, and cervix. Smoking during pregnancy causes spontaneous abortions, low birth weight, and sudden infant death syndrome. Other forms of tobacco are not safe alternatives to smoking cigarettes.

Tobacco use is responsible for more than 430,000 deaths per year among adults in the United States [about 20% of all deaths]… If current tobacco use patterns persist in the United States, an estimated 5 million persons under age 18 years will die prematurely from a smoking-related disease. Direct medical costs related to smoking total at least $50 billion per year [other sources estimate more than $75 billion in 1998 (about 8% of the personal healthcare expenditures in the U.S.)]; direct medical costs related to smoking during pregnancy are approximately $1.4 billion per year.

Evidence is accumulating that shows maternal tobacco use is associated with mental retardation and birth defects such as oral clefts. Exposure to secondhand smoke also has serious health effects. Researchers have identified more than 4,000 chemicals in tobacco smoke; of these, at least 43 cause cancer in humans and animals. Each year, because of exposure to secondhand smoke, an estimated 3,000 nonsmokers die of lung cancer, and 150,000 to 300,000 infants and children under age 18 months experience lower respiratory tract infections.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Cigarette Smoking

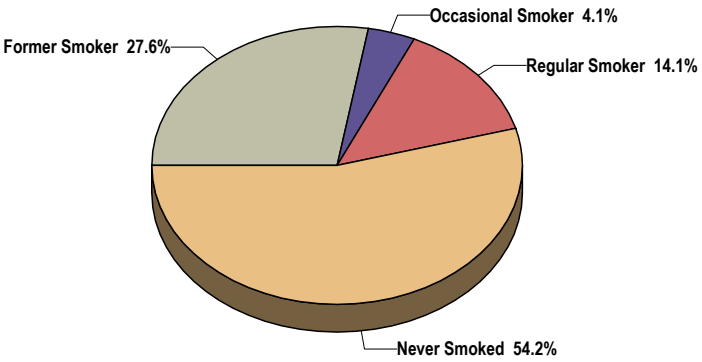
Cigarette Smoking Prevalence

A total of 18.2% of Frederick County adults currently smoke cigarettes, either regularly (14.1% every day) or occasionally (4.1% on some days).

- Less favorable than the 15.1% reported across Maryland.
- More favorable than national findings (22.2%).
- Fails to satisfy the Healthy People 2010 target (12% or lower).
- Particularly high (28.1%) in Northern Frederick County. Lowest (12.3%) in Southern Frederick County.

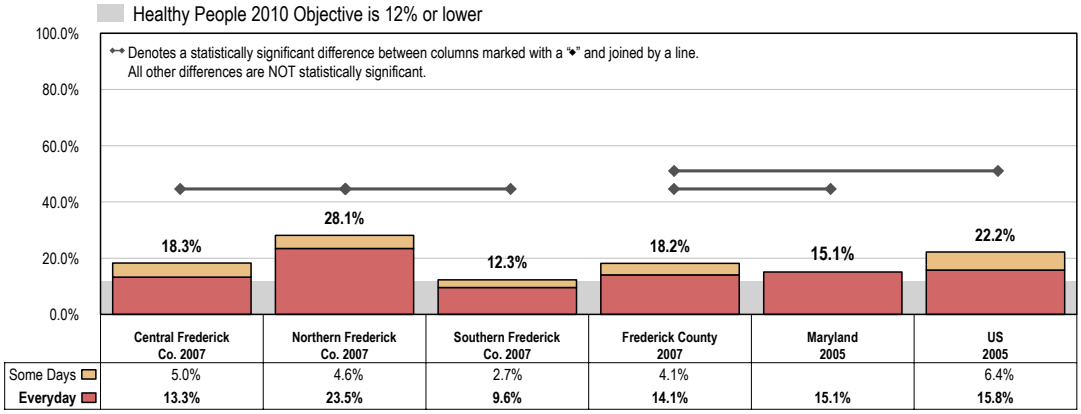
Cigarette Smoking Prevalence

(Frederick County, 2007)



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 163]
Note: • Asked of all respondents.

Current Smokers



	Central Frederick Co. 2007	Northern Frederick Co. 2007	Southern Frederick Co. 2007	Frederick County 2007	Maryland 2005	US 2005
Some Days	5.0%	4.6%	2.7%	4.1%		6.4%
Everyday	**13.3%**	**23.5%**	**9.6%**	**14.1%**	**15.1%**	**15.8%**

Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 163]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Maryland data.
- 2005 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 27-1a]

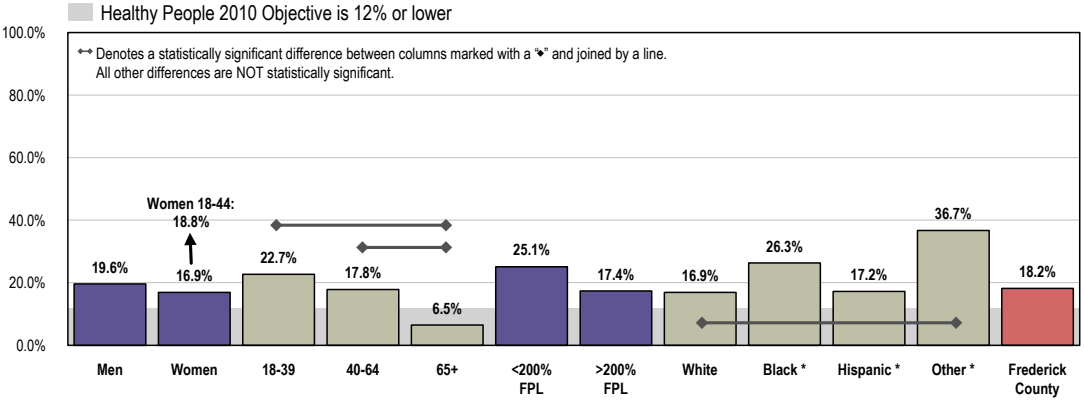
Note:
- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).
- Maryland data does not differentiate between (but includes both) everyday and occasional smokers.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

The following chart looks at current smoking prevalence by various demographic characteristics.

- As shown, cigarette smoking is much <u>less</u> prevalent among those aged 65 and older.
- "Other" race respondents report a <u>higher</u> prevalence, compared to White respondents.
- Note also that 18.8% of women of child-bearing age (ages 18 to 44) currently smoke. This is notable given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.

Current Smokers

(Frederick County, 2007)



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Items 163-164]
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 27-1a]

Note:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members.
- White, Black, and Other are non-Hispanic race categorizations.
- Includes those who smoke everyday or on some days.
- * **Please use caution when interpreting results among Black, Hispanic and Other race samples; each of these is based on fewer than 50 respondents.** If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

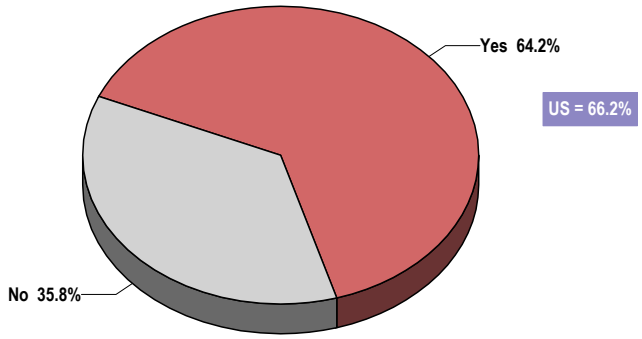
Health Advice About Smoking Cessation

64.2% of Frederick County smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Similar to the national percentage (66.2%).
- Similar by area (not shown).

Health Professional Has Recommended Quitting Smoking in the Past 12 Months

(Among Current Smokers; Frederick County, 2007)



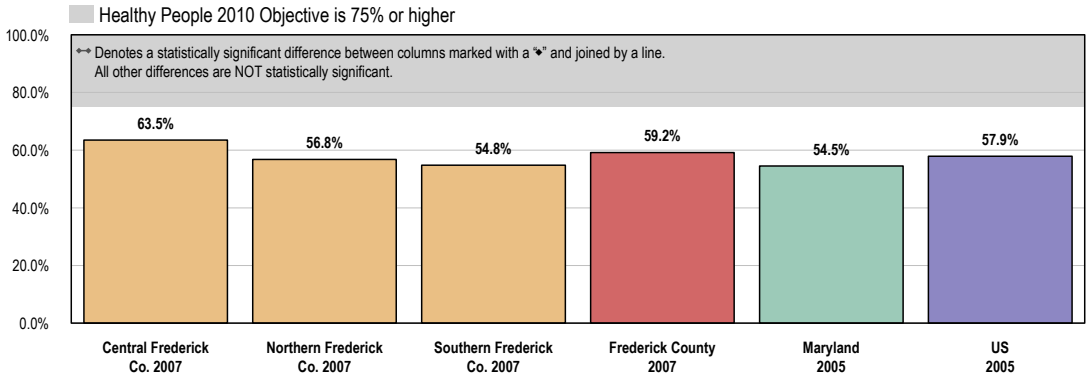
Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 63]
• 2005 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of current smokers.

Smoking Cessation Attempts

59.2% of Frederick County regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Similar to the 54.5% found among Maryland smokers.
- Similar to the national percentage (57.9%).
- Fails to satisfy the Healthy People 2010 target (75% or higher).
- Does not vary significantly by area.

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking



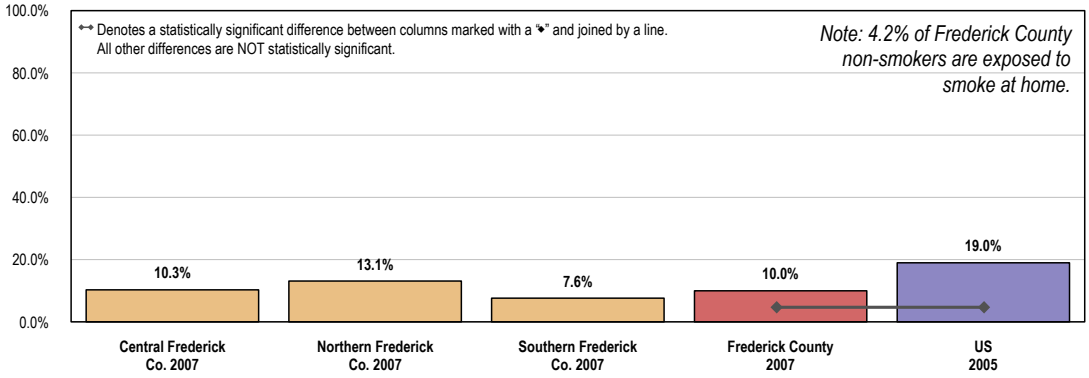
Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 62]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Maryland data.
• 2005 PRC National Health Survey, Professional Research Consultants.
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 27-5]
Note: • Asked of regular (everyday) smokers.
• If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Environmental Tobacco Smoke

In all, 10.0% of Frederick County adults report that a member of their household has smoked cigarettes in the home in the past month an average of four or more times per week.

- More favorable than national findings (19.0%).
- Does not vary significantly among the three sub-county areas.
- Note that 4.2% of Frederick County non-smokers are exposed to cigarette smoke at home.

Member of Household Smokes at Home

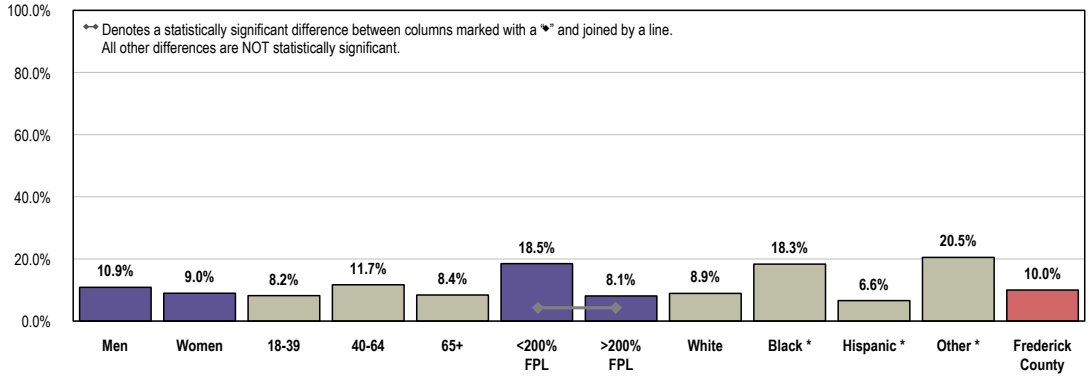


Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 64]
• 2005 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.
• "Smokes at home" refers to someone smoking cigarettes, cigars or a pipe in the home an average of four or more times per week in the past month.
• If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

- Lower-income residents more often report that they live with a smoker in the home.

Member of Household Smokes at Home

(Frederick County, 2007)



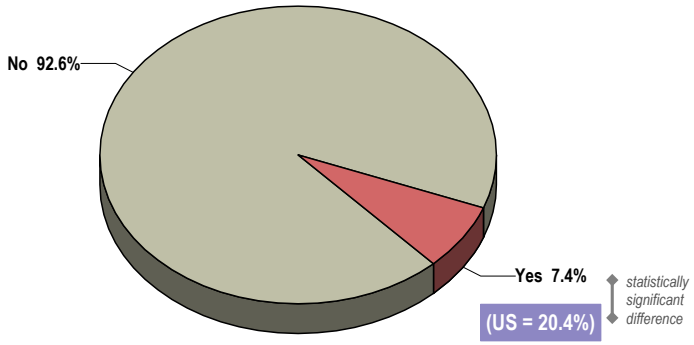
Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 64]
Note: • Asked of all respondents.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White, Black, and Other are non-Hispanic race categorizations.
• "Smokes at home" refers to someone smoking cigarettes, cigars or a pipe in the home an average of four or more times per week in the past month.
* **Please use caution when interpreting results among Black, Hispanic and Other race samples; each of these is based on fewer than 50 respondents.**
If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Among Frederick County households with children, 7.4% have someone who smokes cigarettes in the home.

- Much lower than national findings (20.4%).
- Does not vary significantly by area (not shown).

Percentage of Households With Children In Which Someone Smokes in the Home

(Among Households With Children Under 18; Frederick County, 2007)



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 166]
- 2005 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 27-9]

Note:
- Reflects respondents with children aged 0 to 17 years old.
- "Smokes at home" refers to someone smoking cigarettes, cigars or a pipe in the home an average of four or more times per week in the past month.

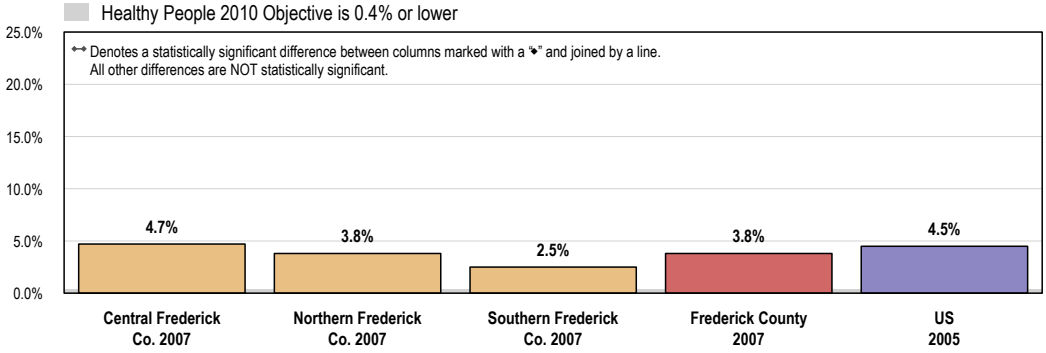
Smokeless Tobacco Use

A total of 3.8% of Frederick County adults use chewing tobacco or snuff every day or on some days.

- Similar to the national percentage (4.5%).
- Fails to satisfy the Healthy People 2010 target (0.4% or lower).
- Similar among the three sub-county areas.

Use of Smokeless Tobacco

(Frederick County, 2007)



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 65]
- 2005 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 27-1b and 27-1c]

Note:
- Asked of all respondents.
- Includes respondents who use chewing tobacco/snuff every day or on some days.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Related Focus Group Findings

Tobacco use among children is a concern among social services providers as well as leaders in the community. The topics of tobacco as a gateway drug and smoking among minority youth were both mentioned during focus group sessions.

> *A lot of young people are smoking very early.* Social Services Provider
>
> *Tobacco use tends to be a gateway so kids are trying other substances very early and there's very limited family support for substance use. Probably if each one of you looked at the families at our agencies, there's somebody in that family who has a substance abuse issue, and it impacts everybody.* Social Services Provider
>
> *Smoking is such a popular thing among the southeast Asian youth. We have to be the ones to say, 'Don't do this.'* Political & Community Leader

Access to quality care is important to eliminate health disparities and increase the quality and years of healthy life for all persons in the United States… Limitations in access to care extend beyond basic causes, such as a shortage of healthcare providers or a lack of facilities. Individuals also may lack a usual source of care or may face other barriers to receiving services, such as financial barriers (having no health insurance or being underinsured), structural barriers (no facilities or healthcare professionals nearby), and personal barriers (sexual orientation, cultural differences, language differences, not knowing what to do, or environmental challenges for people with disabilities).

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

HEALTH INSURANCE COVERAGE

Type of Healthcare Coverage

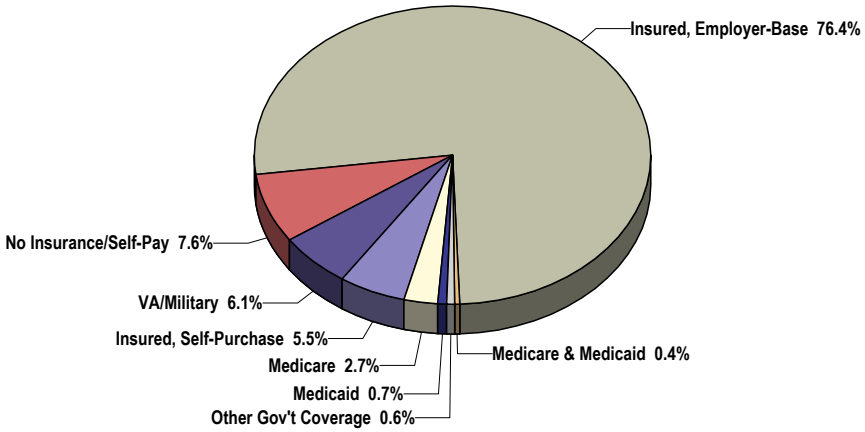
Adults

The majority (81.9%) of Frederick County adults aged 18 to 64 report having healthcare coverage through private insurance.

Another 10.5% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage

(Among Adults Age 18 to 64; Frederick County, 2007)



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 185]
Note: • Reflects respondents age 18 to 64.

Supplemental Medicare Coverage

Among Medicare recipients, 81.4% report that they have additional supplemental insurance.

- Compares to 78.3% among Medicare recipients nationwide.

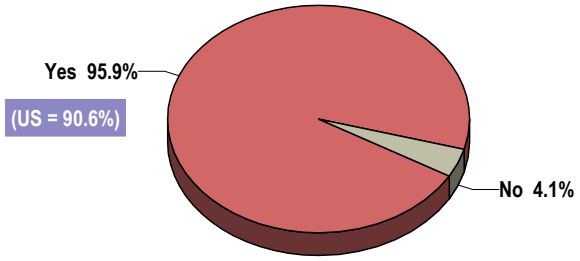
Prescription Drug Coverage

Among all adults with health insurance coverage, the vast majority (95.9%) report having prescription coverage as part of their insurance plan.

- Higher than the national prevalence (90.6%).
- Much higher (14.0%) among residents with incomes below the 200% FPL threshold (not shown).

Current Health Insurance Provides Coverage for Prescriptions

(Among Those With Health Insurance Coverage; Frederick County, 2007)



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 85]
• 2005 PRC National Health Survey, Professional Research Consultants.
Note: • Reflects those respondents who have health insurance coverage.

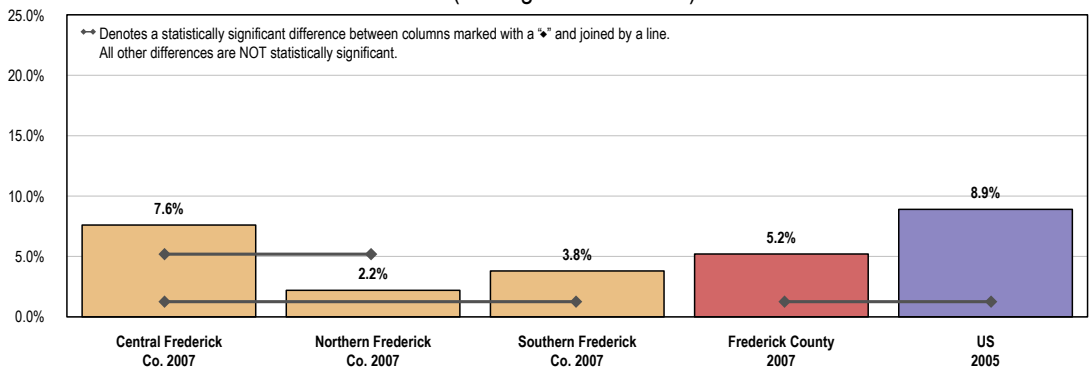
Recent Lack of Coverage

Further, among currently insured adults in Frederick County, 5.2% report that they were without healthcare coverage at some point in the past year.

- More favorable than U.S. findings (8.9%).
- Highest (7.6%) in Central Frederick County.

Went Without Healthcare Insurance Coverage at Some Point in the Past Year

(Among Insured Adults)

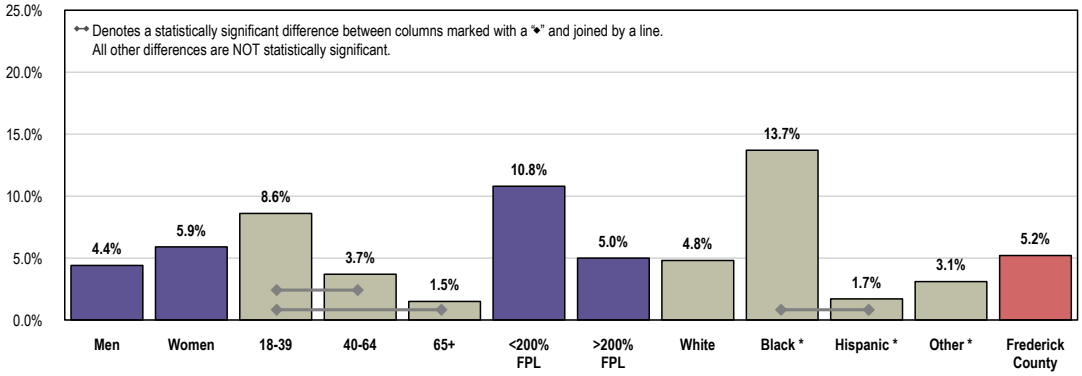


Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 86]
• 2005 PRC National Health Survey, Professional Research Consultants.
Note: • Reflects respondents with healthcare coverage.
• If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

- Among insured adults, those under age 40 are more likely to have gone without healthcare insurance coverage in the past year (suggesting that coverage for this group is less stable).
- Responses are notably higher among insured Black respondents when compared to insured Hispanic respondents.

Went Without Healthcare Insurance Coverage at Some Point in the Past Year

(Among Insured Adults; Frederick County, 2007)



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 86]
• 2005 PRC National Health Survey, Professional Research Consultants.
Note: • Reflects adults with healthcare insurance coverage.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White and Black are non-Hispanic race categorizations.
* **Please use caution when interpreting results among Black, Hispanic and Other race samples; each of these is based on fewer than 50 respondents.** If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

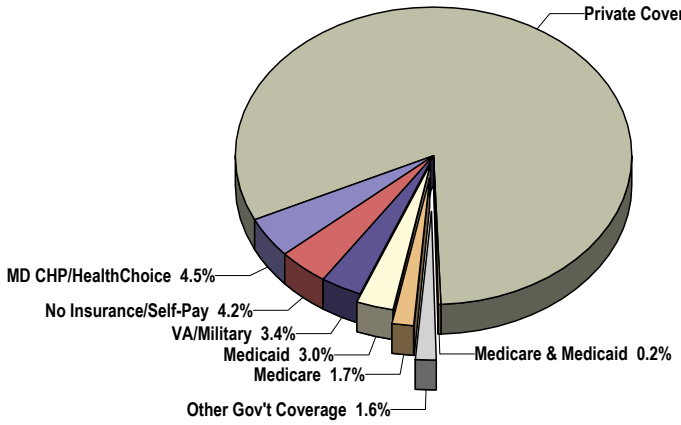
Children

Among residents with children under age 18, 81.4% indicate that their child is covered by private healthcare insurance.

- Other sources of coverage mentioned for children include **Maryland CHP/ HealthChoice** (4.5%) or **other government benefits** (9.9%).

Child's Healthcare Insurance Coverage

(Among Respondents With Children Under 18; Frederick County, 2007)



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 195]
Note: • Reflects respondents with children under 18.

Lack of Health Insurance Coverage

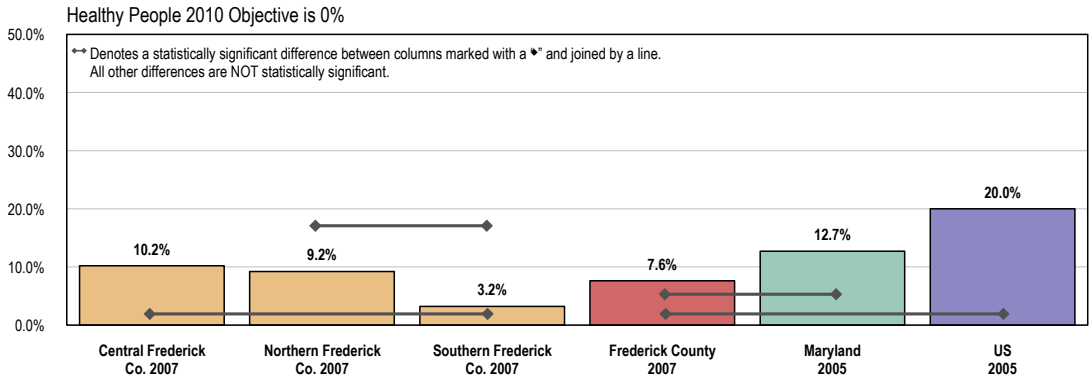
Adults

Among Frederick County adults aged 18 to 64, 7.6% report having no insurance coverage for healthcare expenses.

- More favorable than Maryland findings (12.7%).
- More favorable than national findings (20.0%).
- The Healthy People 2010 target is universal coverage (0% uninsured).
- Lowest (3.2%) in Southern Frederick County.

Lack Healthcare Insurance Coverage

(Among Adults Aged 18 to 64)



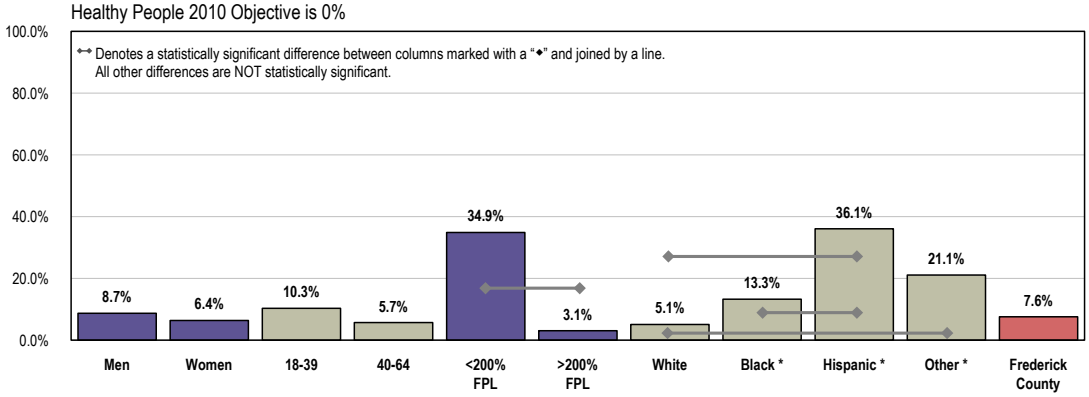
Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 185]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Maryland data.
- 2005 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 1-1]

Note:
- Reflects respondents aged 18 through 64.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

- Residents in the lower income segment are more likely to be without healthcare insurance coverage.
- Hispanics are more often uninsured (compared to White or Black respondents), as are those of "Other" races (compared to Whites).

Lack Healthcare Insurance Coverage

(Among Adults Age 18 to 64; Frederick County, 2007)



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 185]
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 1-1]

Note:
- Reflects respondents age 18 through 64.
- FPL = Federal Poverty Level based on household income and number of household members.
- White, Black, and Other are non-Hispanic race categorizations.
- * **Please use caution when interpreting results among Black, Hispanic and Other race samples; each of these is based on fewer than 50 respondents.** If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Insurance Issues

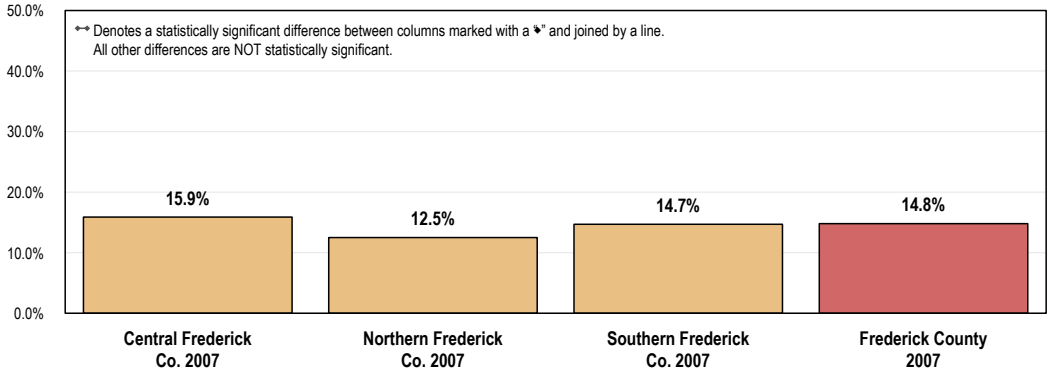
In a related inquiry, survey respondents were asked to indicate whether any insurance issues prevented them from obtaining healthcare in the past year.

In all, 14.8% of Frederick County residents indicate that insurance issues (lack of insurance, wrong "type" of insurance, coverage limits) prevented access to healthcare in the past year.

- Responses do not vary significantly among the three sub-county areas.

Trouble Accessing Medical Care in the Past Year Because of Insurance Type or Acceptability

(Frederick County, 2007)



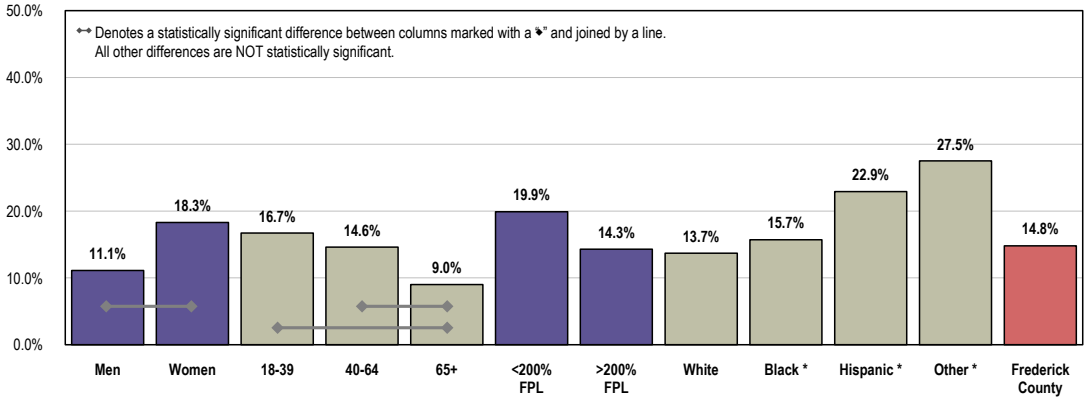
Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 18]

Note:
- Reflects the total sample of respondents.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

- Frederick County women are more likely to report that insurance issues hindered their access to healthcare last year.
- Those aged 65 and older are least likely to report this type of difficulty.

Trouble Accessing Medical Care in the Past Year Because of Insurance Type or Acceptability

(Frederick County, 2007)



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 18]
Note: • Asked of all respondents.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White, Black, and Other are non-Hispanic race categorizations.
* **Please use caution when interpreting results among Black, Hispanic and Other race samples; each of these is based on fewer than 50 respondents.** If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

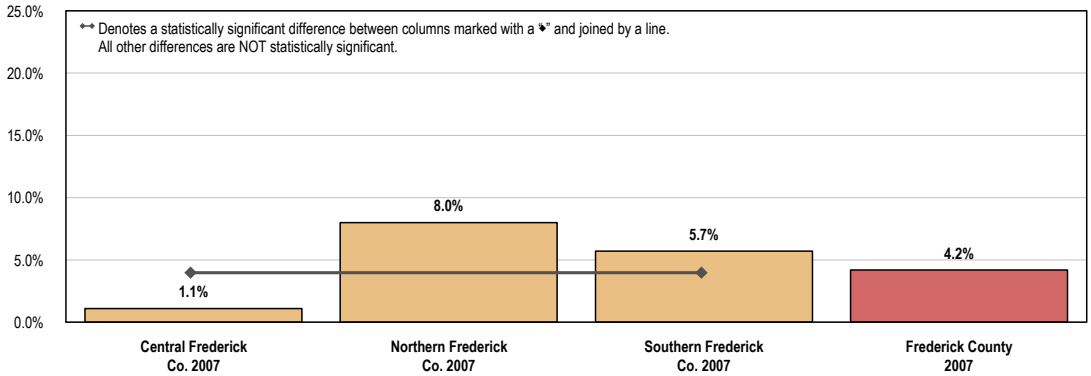
Children

A total of 4.2% of surveyed parents report having no healthcare coverage for their child.

- A statistically significant difference exists between the response in Central Frederick County (1.1%) and that in Southern Frederick County (6.7%). Although highest, the Northern Frederick County response is based on fewer cases, and is not statistically different from other sub-county findings.

Lack Healthcare Insurance Coverage for Child

(Among Frederick County Parents of Children <18)



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 195]
Note: • Reflects respondents with children under 18.
• If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

According to 2000 census data, 7.4% of Frederick County children under 18 are uninsured, representing 4,140 children.

Related Focus Group Findings

Issues of insurance coverage (and lack thereof) dominated conversations in each of the focus group sessions.

> *I think the level of care anyone gets in this community depends on the level of their insurance.* Social Services Provider
>
> *I don't think any community is completely taking care of the uninsured and underinsured. So I think there's plenty of room for this community to work together to be able to serve those folks.* Political & Community Leader
>
> *For a large part of the middle class, the insurance thing is just getting crazier and crazier.* Physician
>
> *Insurance is a huge problem, even for those with policies.* Allied Health
>
> *If you have Medicaid and you don't have the right MCO (managed care organization), you cannot get care.* Allied Health
>
> *We are like the third wealthiest county in the nation, so you have to wonder why our healthcare situation isn't better.* Allied Health
>
> *We need access to healthcare for the uninsured; where do they go, how do they get care, that sort of thing.* Allied Health

Some populations with health insurance coverage – for example, the deaf population – still face significant barriers to accessing care.

> *I've heard about people who have insurance and they're still having a hard time getting services. Like deaf people, they have insurance but practices won't accept them as new patients because there's an additional expense of the interpreter. So they're not going to take a deaf patient and then have double the pay, as they also have to pay for the interpreter. So if they're going to take one new person with that insurance, they're not taking a deaf person because they know they have to have that added thing. But here at FMH, they have two staff interpreters during the day and that's great and they've already taken care of that. But out in private offices, it's still an ongoing problem and a pressing issue.* Social Services Provider

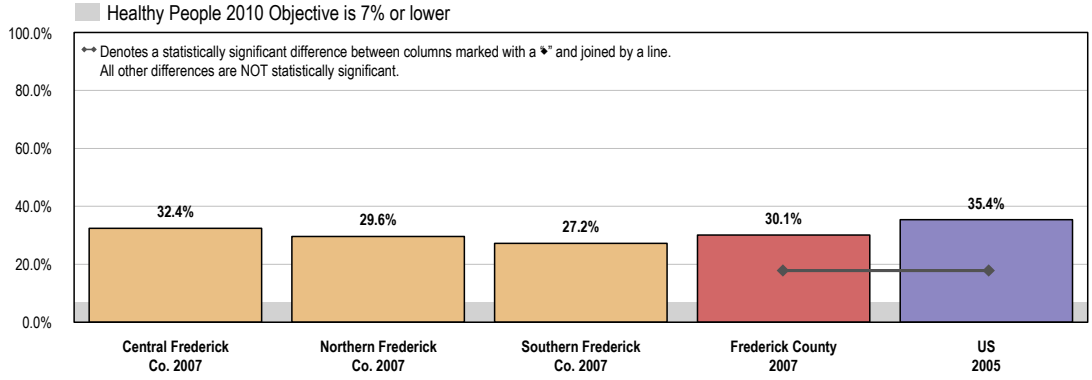
DIFFICULTIES ACCESSING HEALTHCARE

Difficulties Accessing Services

In all, 30.1% of Frederick County adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- More favorable than national findings (35.4%).
- Fails to satisfy the Healthy People 2010 target (7% or lower).
- Similar among the three sub-county areas.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 187]
- 2005 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Note:
- Asked of all respondents.
- Includes difficulties related to availability, cost, office hours, transportation or other unspecified troubles/delays.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

The following chart examines access difficulties by respondent demographics. Note that these are more prevalent among:

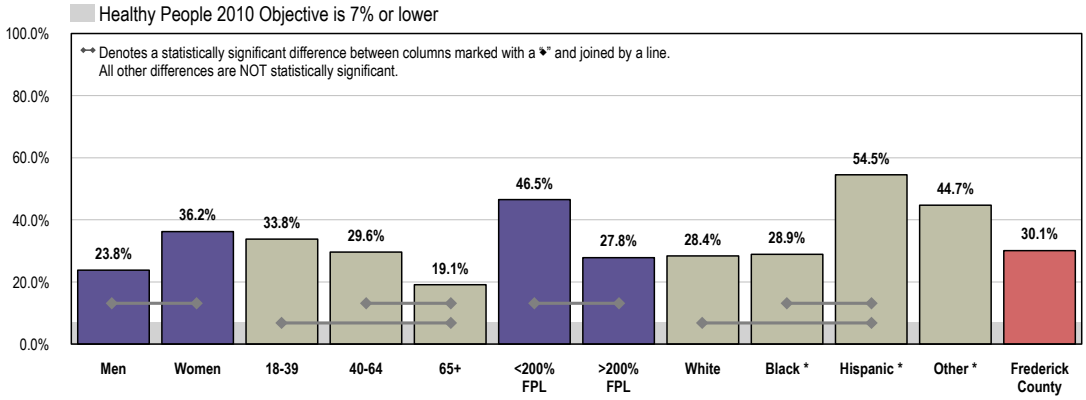
- Women.
- Lower-income residents.
- Hispanic respondents (as compared to White or Black respondents).

In contrast:

- Adults aged 65 report notably fewer difficulties accessing healthcare than younger adults.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

(Frederick County, 2007)



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 187]
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Note:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
- White, Black, and Other are non-Hispanic race categorizations.
- Includes difficulties related to availability, cost, office hours, transportation or other unspecified troubles/delays.
- * **Please use caution when interpreting results among Black, Hispanic and Other race samples; each of these is based on fewer than 50 respondents.** If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Related Focus Group Findings

Difficulties accessing healthcare are especially pronounced in the non-White and under-insured populations. The following focus group quotes highlight key topics of discussion:

> *We have a complex maze of geographically- and functionally-fractured assistance programs which people have to try to navigate. Especially hard for someone new trying to come in; for those with mental health issues it's even worse. We need communication, coordination, and centralization of services.* Allied Health
>
> *But if you have somebody who is living fairly independently and does not have a coordinator or an advocate working with them, they don't know how to make those calls. They don't know how to explain themselves when they do get there. They arrive in an ER or they arrive in a doctor's office and they don't know how to express what they need in a way that the medical staff understands.* Social Services Provider
>
> *There's no place to go, or no place that's well-publicized, for these Medicaid or Medicare patients.* Physician
>
> *I think one of the needs is the dissemination of information.* Political & Community Leader
>
> *The Health Department, the hospital, any particular provider cannot do this alone. It's going to take a community effort and so that's what we're kind of trying to find out, how we're going to move forward to start fill in these gaps.* Political & Community Leader
>
> *And it would be nice to know if there is someplace that exists or foundation that exists or anyplace that exists and when people fall between the cracks, that there is help if it's a temporary situation. Just for that period of time, for those things that so life threatening, and so expensive.* Social Services Provider
>
> *We need universal access to healthcare.* Political & Community Leader

Barriers to Healthcare Access

To better understand healthcare access barriers, survey participants were asked whether any of five types of barriers to access prevented them from seeing a physician or obtaining a prescription in the past year.

Of the tested barriers, inconvenient office hours impacted the greatest share of adults in Frederick County (15.6% say they were unable to obtain medical care due to inconvenient office hours).

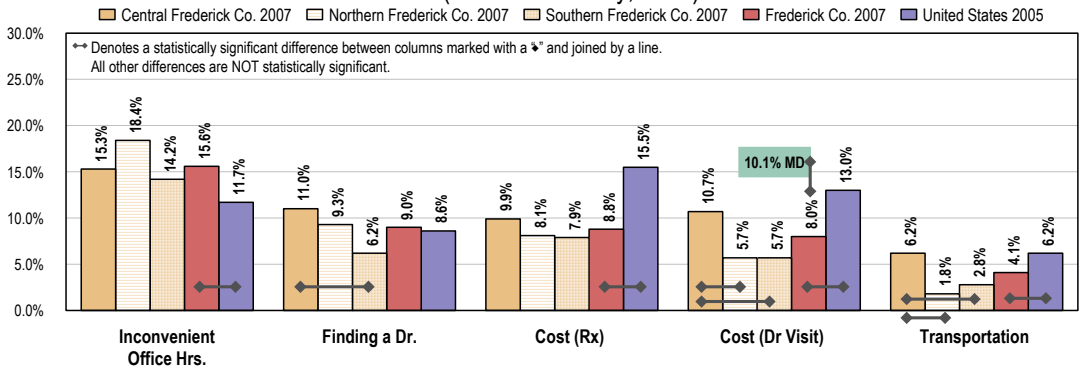
- The proportion of Frederick County adults impacted by inconvenient office hours was less favorable than that found nationwide (11.7%).
- In contrast, note that the percentage of Frederick County residents reporting access difficulties was more favorable than U.S. figures for each of the following barriers:
  - Trouble affording a prescription
  - Trouble affording a physician visit (more favorable than Maryland findings as well)
  - Lack of transportation

Sub-county differences include:

- A higher proportion of Central Frederick County adults reporting difficulty finding a doctor, when compared to Southern Frederick County adults.
- Higher proportions of Central Frederick County adults reporting difficulty affording a doctor visit or having transportation for medical visits, when compared to adults in other parts of the county.

Barriers to Access Have Prevented Medical Care in the Past Year

(Frederick County, 2007)



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Items 9, 12-15]
- 2005 PRC National Health Survey, Professional Research Consultants.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Maryland data.

Note:
- Asked of all respondents.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

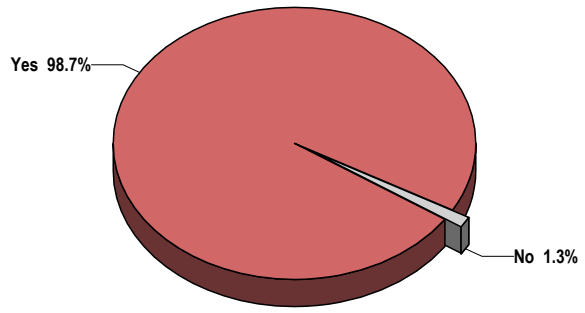
Language Barriers

A total of 1.3% of surveyed Frederick County residents do not feel that they are able to communicate with their doctor or health care provider in a language that they understand and are comfortable with.

- Similar among the three sub-county areas.

Able to Communicate With Healthcare Provider in a Familiar Language

(Frederick County, 2007)



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 10]
Note: • Asked of all respondents.

- Of the 13 residents indicating language barriers, one (5.5%) indicated that an interpreter was provided.

Related Focus Group Findings

Transportation

Transportation and access to medical care were prevalent themes among the Frederick County focus group discussions. Participants were particularly concerned about residents living on the edges of the county.

> *Transportation affects everybody, especially on the corners of Frederick County, because the transit system is pretty much Frederick City and you look at seniors who are homebound and, you know, in terms of providers that would do home visits or even if there were services out. How do people get to it?* Social Services Provider
>
> *I was going to say, on that same note, when we are dealing with specialists we find that specialists are not in this county. So the transportation issue occurs within the county as well. So there is no health insurance and transportation, not enough specialists in this area.* Social Services Provider
>
> *Another difficulty that I see is transportation. Because we're talking about a very large area and a lot of little satellite communities out there, a lot of times people have to come into Frederick.* Political & Community Leader
>
> *Finances, lack of insurance, transportation are all problems.* Allied Health

Language/Cultural Barriers

With the growing population of Spanish-speaking residents, focus group participants spent considerable time discussing the myriad problems these residents face in seeking healthcare.

> *Navigating the system is very difficult because of language barriers and just not understanding how complex the system is, how to get the contacts you might need.* Allied Health
>
> *There are also the cultural barriers, not just the language barriers. The Hispanic women will not come for the Pap smear or the mammogram because it falls outside their comfort zone. Americans are very comfortable with that but in the Hispanic culture it's different.* Allied Health
>
> *Well, it seemed to me that with the changing demographics of Frederick County, you have your small groups, your Hispanic groups, your Asian groups. We need to somehow get to the core of those groups, to give the information to those people, where they can go and what the services are available to them, because they have communication gaps – I mean, they don't speak English well, we don't understand what they're saying.* Political & Community Leader
>
> *Most of our clinics are in churches and so the 'illegals' feel safe going there but we have one clinic near a government building so none of our 'illegals' will go there. We also have to make sure they are giving us the same name they used the last time they were at our clinic for that continuum of care.* Allied Health
>
> *Trust is also a huge issue with the Hispanic population and it's going to get worse if it gets like it is in Virginia, using law enforcement to finger who is illegal and that hasn't been the case, it's been the INS who did that in the past. Folks aren't going to be coming out unless they're really sure it's safe.* Allied Health
>
> *If we're talking about trust, there's a huge trust gap as well among African Americans and there just aren't that many African American providers and who would question why an African American wouldn't want to bare their soul to a white person?* Allied Health
>
> *I'm also an immigrant. I've been here for one year. So we are still learning the English language. Among our community the main problems to access the healthcare system is a language barrier. So they feel afraid, they feel ashamed to go to hospital because they cannot speak well.* Political & Community Leader
>
> *One of the barriers, other than financial, is the multiple times that you need to fill forms out, and there are people who just cannot answer the questions on the forms unless they have a relative with them or a friend or someone who can write for them.* Political & Community Leader
>
> *You mentioned that there's a language barrier. There's more than a language barrier; there's a cultural barrier. People will come to me as an intermediary because there are people that don't look like them that are providing the services. So they're apprehensive about approaching the folks that are not like them.* Political & Community Leader
>
> *It really galls me when people say "why don't you get a translator, why don't you do this?' when reimbursements are so very, very low.* Physician
>
> *Obviously some people lack access. We're increasingly hearing about people who are non-English speaking, having great challenges with healthcare access. Not just Spanish-speaking people; yesterday I heard about people coming here from Burma. So you have a Burmese population increase. So I think there's some special needs along those lines.* Political & Community Leader
>
> *I have a client who needed care and she really didn't even know where to begin. They tell you to call this person and then you have to call somebody else. You know, I was frustrated in the process. I can only imagine how she would feel, you know, when she already doesn't have the confidence to make the calls to begin with.* Social Services Provider
>
> *But we're not providing the needs for the people in our community, especially those who are underinsured. And a lot of it is, they don't know where services are, if they do have them. They're afraid of accessing services because of not being here legally or not understanding. There's a language barrier.* Political & Community Leader

> *A lot of the systems that have been set up by the government are too complex for our target audience.* Physician
>
> *Frederick County is becoming a much more diverse county and I don't think that anyone does a good job in Frederick County of providing translation services for the variety of non English speakers that we currently have.* Political & Community Leader
>
> *Also the language barrier: over 8,000 new residents from Spanish-speaking countries just last year.* Allied Health
>
> *Also, regarding the maze, if you're an 'illegal' there are that many more issues to deal with.* Allied Health

Finding a Physician

Within the focus group comprised of social service providers, conversation arose regarding the initial act of finding a physician for medical care.

> *We worked with a parent last week for hours, literally, on just trying to locate a provider in Frederick County.* Social Services Provider
>
> *The medical society, or the hospital, needs to make it easier to allow access through its Find-a-Physician program, or whatever it's called, needs to make it a little more user-friendly. It is not user-friendly and it's very discouraging. I'm sure there are a great deal of medical services available but if you can't get in the door to a primary physician, you can't access anything.* Social Services Provider

Waiting Time for Appointments

Lengthy waits for medical appointments were noted as common barriers to healthcare access in Frederick County.

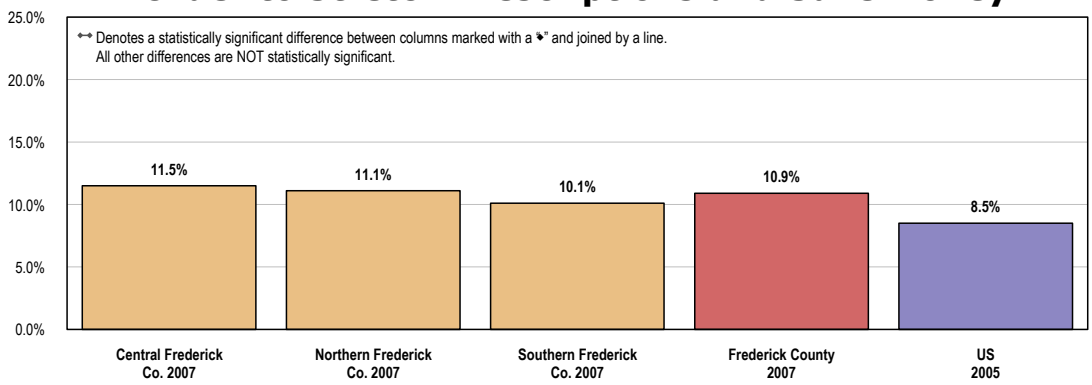
> *I think waiting times are a barrier too. If these people are not working, they're not making money. And so to take a chunk of time off to sit at the urgent care center, that is a hard choice. Do I work or do I go to the doctor?* Political & Community Leader
>
> *I read an editorial about one of 'us,' somebody who had insurance, went to the their doctor, and waited an hour and a half for an appointment. They were never given an explanation, were not treated with good customer service and finally they walked out and they went to a Wal-Mart clinic for their care.* Social Services Provider

Prescriptions

Among <u>all</u> Frederick County adults, 10.9% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Comparable to the 8.5% reported nationwide.
- Statistically similar among the three sub-county areas.

Skipped or Reduced Doses in the Past Year in Order to Stretch Prescriptions and Save Money



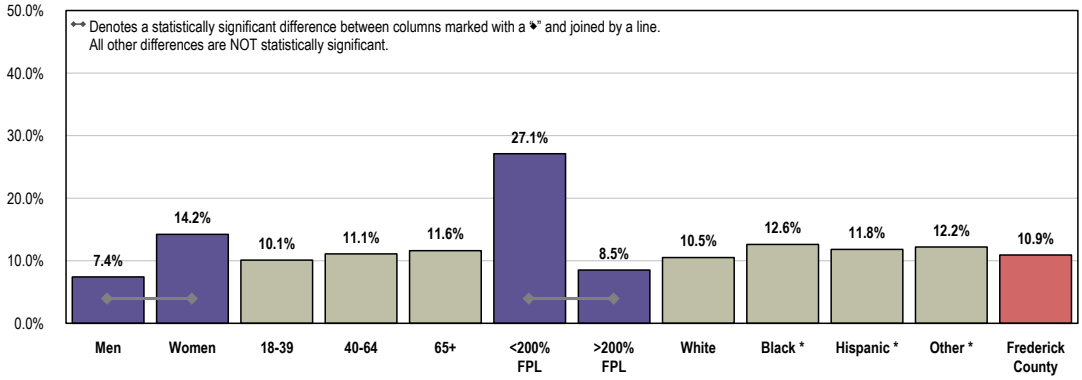
Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 16]
• 2005 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents (regardless of whether a prescriptions was needed or used).
• If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

The following chart outlines adults improperly using prescription medicine to save money, segmented by demographic characteristics. Adults more likely to have skipped or reduced their prescription doses include:

- Women.
- Adults in the lower income category.

Skipped or Reduced Doses in the Past Year in Order to Stretch Prescriptions and Save Money

(Frederick County, 2007)



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 16]
Note: • Asked of all respondents.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White, Black, and Other are non-Hispanic race categorizations.
* **Please use caution when interpreting results among Black, Hispanic and Other race samples; each of these is based on fewer than 50 respondents.** If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Related Focus Group Findings

Focus group participants agreed that the inability of the uninsured/underinsured to afford prescription medications is a problem in the county. Some residents stretch their doses in order to make medications last longer. Physicians discussed playing "the sample game" with patients in order to meet their needs.

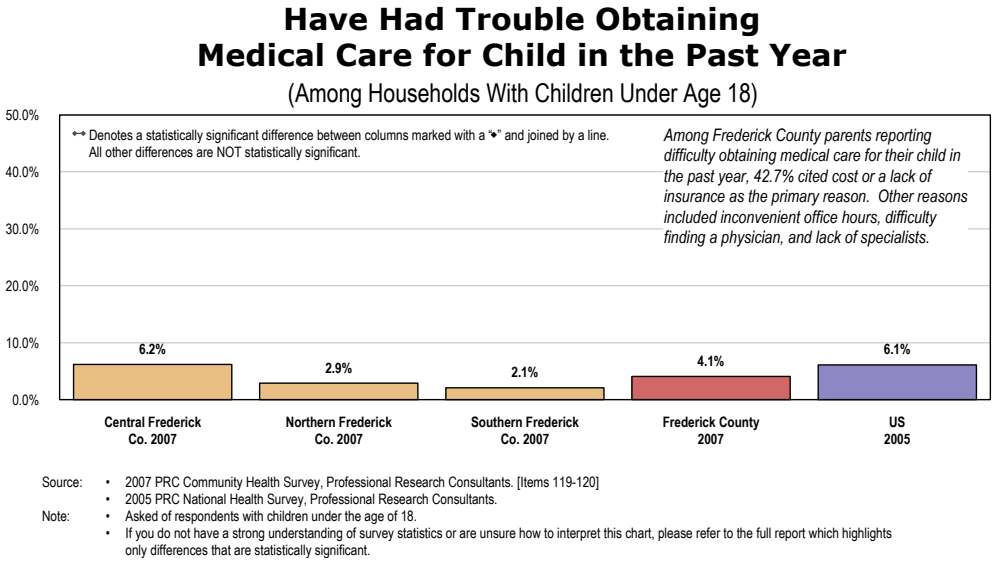
> *My main concern is persons who can't afford medications. We have people in the community who will not take their medicines because they can't afford it. Or they will take half the amount so that it stretches a little longer.* Political & Community Leader
>
> *We have great resources here in the county for people who can't afford prescriptions and such, but it's just not well known about.* Social Services Provider
>
> *I had one patient, hard worker, worked for McDonalds, had congestive heart failure and type 2 diabetes, couldn't get much insurance, so we played the "sample game" with his drugs, so we would end up giving him this sample, that sample, ended up changing his medications frequently because sometimes the samples were there, sometimes they weren't. It didn't seem like there was any place where he could get medication. The process is enormously complex.* Physician

Accessing Healthcare for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

A total of 4.1% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- Similar to the 6.1% reported nationwide.
- Similar by area.
- Statistically similar by child's age (not shown).



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Items 119-120]
- 2005 PRC National Health Survey, Professional Research Consultants.

Note:
- Asked of respondents with children under the age of 18.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Among the parents experiencing difficulties, the majority cited **cost or a lack of insurance** as the primary reason. Other reasons included inconvenient office hours, trouble finding a physician, and lack of specialists (availability).

Related Focus Group Findings

Focus group participants were concerned about what they feel is an expanding population of children without healthcare coverage in Frederick County.

> *I think one of the issues that's not only – you know, we have medical assistance for children but when it comes to the adult in that family, if they can't afford private health insurance, they have no insurance. And if they are not well, how are they going to provide for their children? You know, it's a vicious circle.* Social Services Provider
>
> *What we have found in the school system is we have large numbers of kids who are uninsured, and along with that we are finding a great deal of both dental and mental health needs, occurring at younger and younger ages.* Allied Health

PRIMARY CARE SERVICES

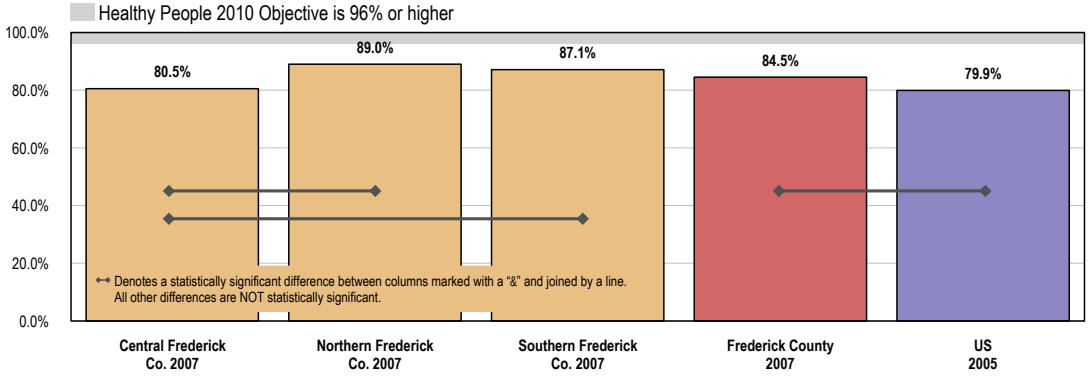
Specific Source of Ongoing Care

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. A hospital emergency room is not considered a source of ongoing care in this instance.

84.5% of Frederick County adults were determined to have a specific source of ongoing medical care.

- More favorable than national findings (79.9%).
- Fails to satisfy the Healthy People 2010 target (96% or higher).
- Lowest (80.5%) in Central Frederick County.

Have a Specific Source of Ongoing Medical Care



Source:
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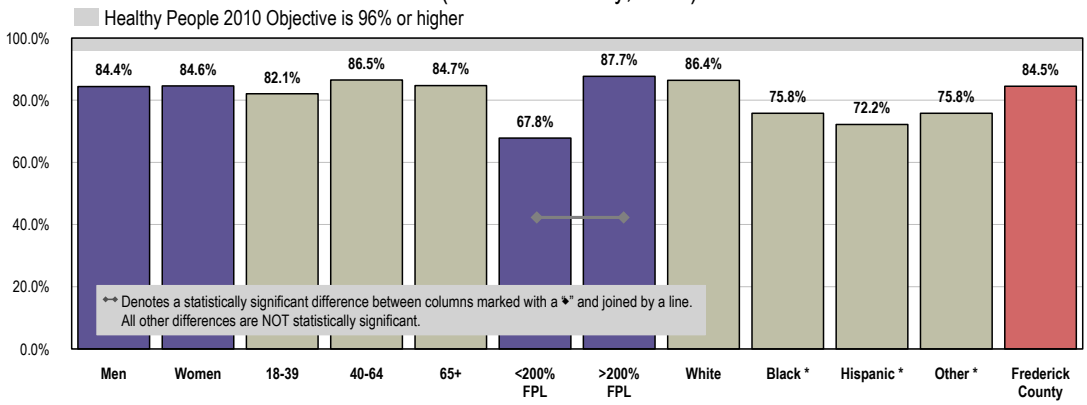
- 2005 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 1-4]

Note:
- Asked of all respondents.
- A specific source of ongoing care includes having a doctor's office, clinic, urgent care/walk-in clinic, health center facility, hospital outpatient clinic, HMO (health maintenance organization)/pre-paid group, military/VA healthcare, or some other kind of place to go if one is sick or needs advice about his/her health. A hospital emergency room is NOT considered a source of ongoing care in this instance.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

As might be expected, residents in the lower income segment are less likely to have a specific source of care.

Have a Specific Source of Ongoing Medical Care

(Frederick County, 2007)



Source:
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- A specific source of ongoing care includes having a doctor's office, clinic, urgent care/walk-in clinic, health center facility, hospital outpatient clinic, HMO (health maintenance organization)/pre-paid group, military or other VA healthcare, or some other kind of place to go if one is sick or needs advice about his/her health. A hospital emergency room is NOT considered a source of ongoing care in this instance.
- * **Please use caution when interpreting results among Black, Hispanic and Other race samples; each of these is based on fewer than 50 respondents.** If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Related Focus Group Findings

In each of the focus group sessions, the theme of prevention arose as a key factor in the equation of community health.

> *Preventing things is always the key to everything. It's like your house. Preventive maintenance. I think we could actually save more with preventive care. We could save a lot of lives. We could be a happier society. That includes the main issues we've all discussed today and physical activity and all those things.* Political & Community Leader
>
> *I think we're good at taking care of people once they're sick. We're not doing a good job of preventing illness in this community.* Political & Community Leader
>
> *Screening programs: I wonder if we're advertising as well as we could.* Allied Health

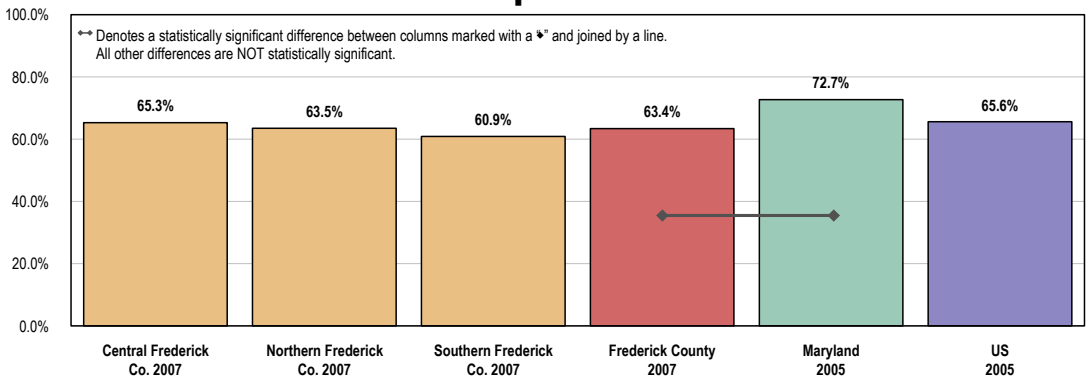
Utilization of Primary Care Services

Adults

A total of 63.4% of Frederick County adults visited a physician for a routine checkup in the past year.

- Less favorable than the 72.7% reported across Maryland.
- Comparable to national findings (65.6%).
- Statistically similar among the three sub-county areas.

Have Visited a Physician for a Routine Checkup Within the Past Year



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 21]
- 2005 PRC National Health Survey, Professional Research Consultants.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Maryland data.

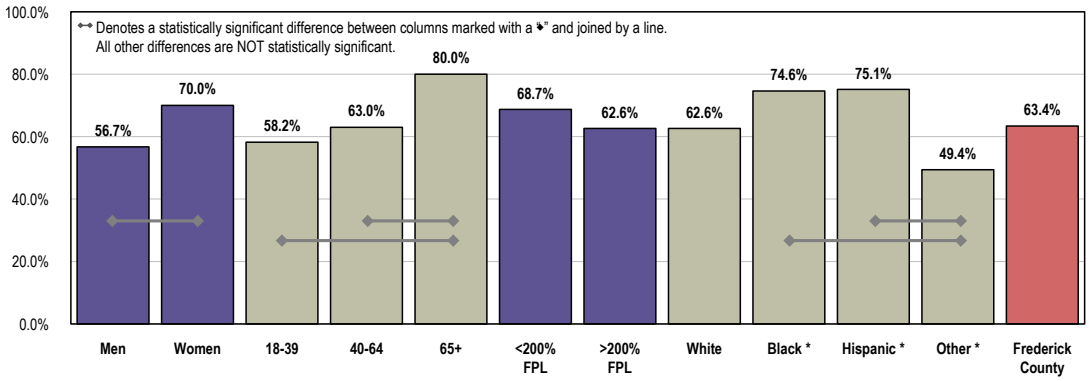
Note:
- Asked of all respondents.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Routine checkups in Frederick County are higher among the following:

- Women.
- Adults aged 65 and older.
- Blacks and Hispanics (when compared to those of "Other" races, although not significantly different from White respondents).

Have Visited a Physician for a Routine Checkup Within the Past Year

(Frederick County, 2007)



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 21]
Note: • Asked of all respondents.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White, Black, and Other are non-Hispanic race categorizations.
* **Please use caution when interpreting results among Black, Hispanic and Other race samples; each of these is based on fewer than 50 respondents.** If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

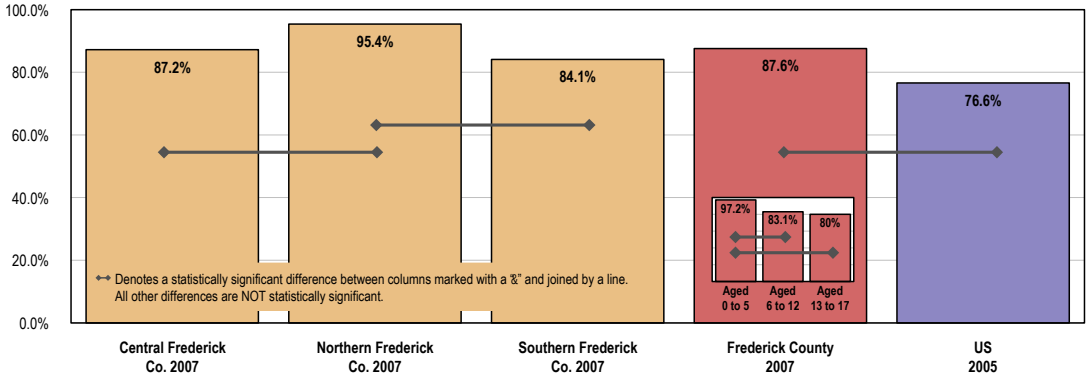
Children

Among surveyed parents, 87.6% report that their child had a routine checkup in the past year.

- Much better than national findings (76.6%).
- Notably higher (95.4%) in Northern Frederick County.
- Note that routine checkups are highest among Frederick County children aged 0-5.

Child Has Visited a Physician for a Routine Checkup Within the Past Year

(Among Households With Children Under the Age of 18)



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 121]
• 2005 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of respondents with children under the age of 18.
• If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

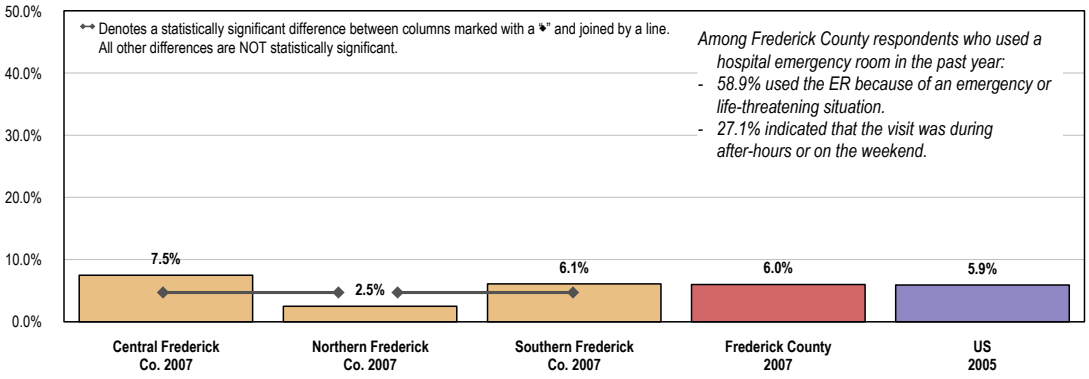
EMERGENCY ROOM SERVICES

A total of 6.0% of Frederick County adults have gone to a hospital emergency room more than once in the past year about their own health.

- Similar to national findings (5.9%).
- Lowest (2.5%) in Northern Frederick County.

Of those using a hospital ER, 58.9% say this was due to an emergency or life-threatening situation, while 27.1% indicated that the visit was during after-hours or on the weekend.

Have Used a Hospital Emergency Room More Than Once in the Past Year

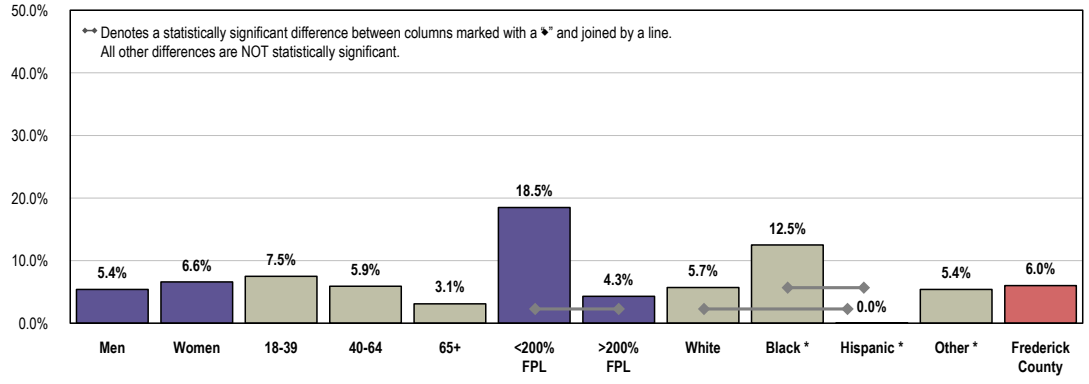


Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Items 27-28]
• 2005 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.
• If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

- Multiple ER visits are most often noted among county residents living at lower incomes.
- Responses were low (zero) among Hispanic respondents (compared to White or Black respondents).

Have Used a Hospital Emergency Room More Than Once in the Past Year

(Frederick County, 2007)



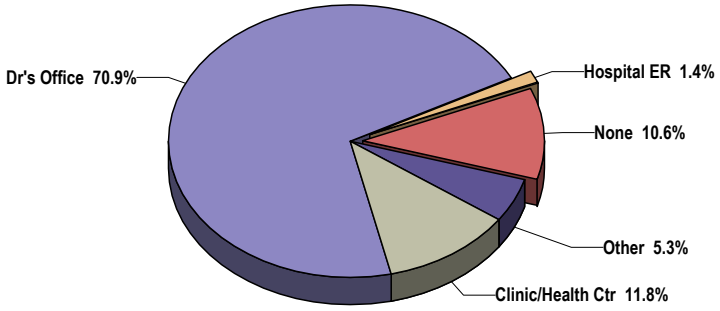
Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 27]
Note: • Asked of all respondents.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White, Black, and Other are non-Hispanic race categorizations.
* **Please use caution when interpreting results among Black, Hispanic and Other race samples; each of these is based on fewer than 50 respondents.**
If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

A total of 12.0% of Frederick County adults do not have a regular source of medical care, or say that they rely on a hospital emergency room as their primary source of care.

- However, most adults (70.9%) have a particular doctor's office that they regularly use.
- Another 11.8% usually go to a clinic or health center.

Source of Medical Care

(Frederick County, 2007)



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Items 19-20]
Note: • Asked of all respondents.

Related Focus Group Findings

In each of the focus group sessions, participants discussed the use of the ER in place of primary medical care, particularly among the uninsured.

> *Because they don't have a primary physician, a lot of times they wait until the situation is so bad that they have to go to the emergency room, and that's the only way they really seen. So after they do go to the emergency room, if they're able to get a prescription that day or whatever, there's no follow-up after that because there's no primary doctor to go to … They wind up bringing the child back down the line because they didn't finish the medication or it didn't work as well as it should have.* Social Services Provider

> *I think the lack of healthcare makes the emergency room a standing-room-only situation because people can't afford to go to a doctor. They don't have any kind of health coverage so that's where they go.* Political & Community Leader

ORAL HEALTH

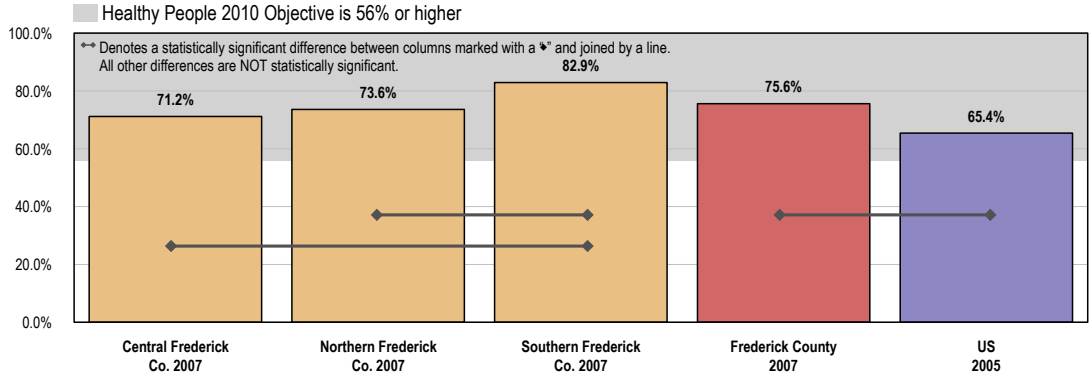
Dental Care

Adults

Three-fourths (75.6%) of Frederick County adults have visited a dentist or dental clinic (for any reason) in the past year.

- More favorable than national findings (65.4%).
- Satisfies the Healthy People 2010 target (56% or higher).
- Highest (82.9%) in Southern Frederick County.

Have Visited a Dentist or Dental Clinic for Any Reason Within the Past Year



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 25]
- 2005 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 21-10]

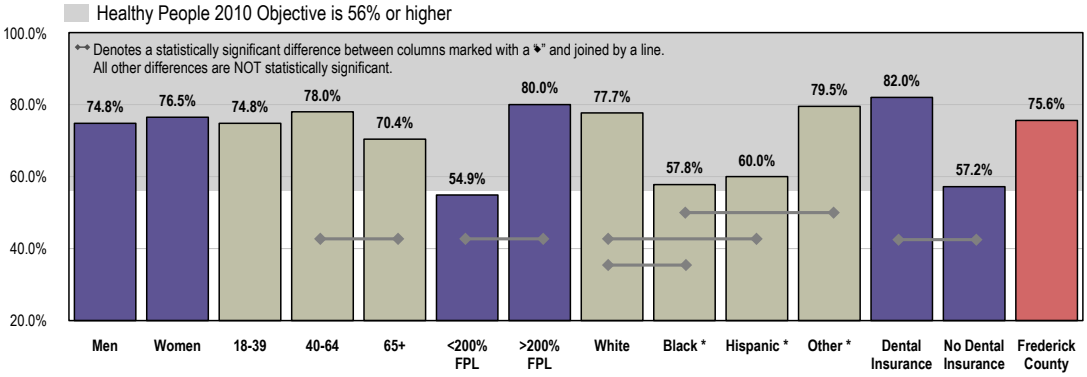
Note:
- Asked of all respondents.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Routine dental care is lower among:

- Adults aged 65 and older (compared to those aged 40 to 64).
- Blacks (compared to Whites and "Other" races) and Hispanics (compared to Whites).
- Persons living at lower incomes (who fall below the Healthy People 2010 objective).
- Persons without dental insurance coverage.

Have Visited a Dentist or Dental Clinic for Any Reason Within the Past Year

(Frederick County, 2007)



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 25]
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 21-10]

Note:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
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- * **Please use caution when interpreting results among Black, Hispanic and Other race samples; each of these is based on fewer than 50 respondents.** If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

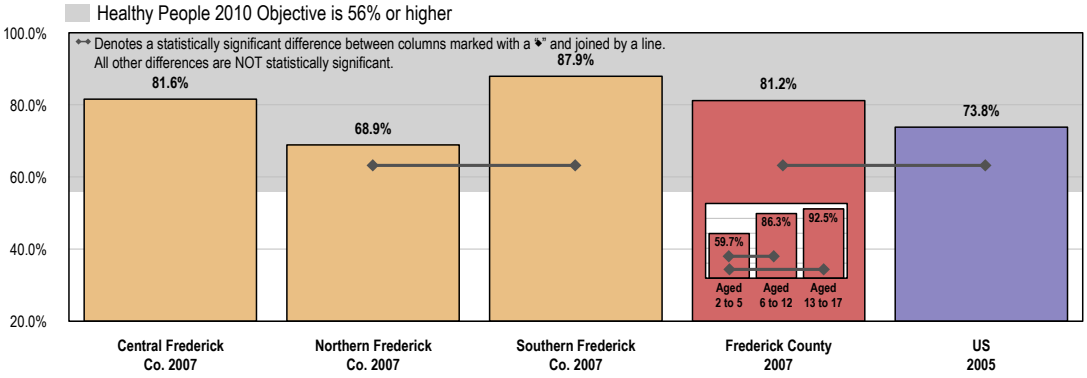
Children

81.2% of parents report that their child (aged 2 to 17) has been to a dentist or dental clinic within the past year.

- More favorable than national findings (73.8%).
- Satisfies the Healthy People 2010 target (56% or higher).
- Lower among children in Northern Frederick County (68.9%), compared to children in Southern Frederick County (87.9%).
- Regular dental care is lower among Frederick County children aged 2-5 than among older children.

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Among Households With Children Aged 2-17)



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 122]
- 2005 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 21-10]

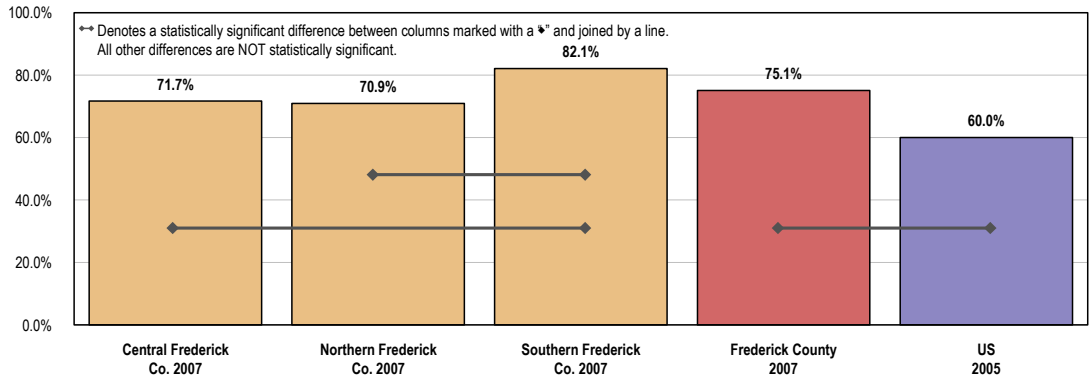
Note:
- Asked of respondents with children aged 2 to 17.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Dental Insurance

A full three in four Frederick County adults (75.1%) have dental insurance that covers all or part of their dental care costs.

- More favorable than national findings (60.0%).
- Most favorable (82.1%) in Southern Frederick County (82.1%).

Have Insurance Coverage That Pays All or Part of Dental Care Costs



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 26]
- 2005 PRC National Health Survey, Professional Research Consultants.

Note:
- Asked of all respondents.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Related Focus Group Findings

Affordable dental care was a consistent theme throughout each of the focus group sessions. Various discussions were had regarding attempts to find dentists who will work at a discount, and preventive dental education was also a priority among focus group participants, particularly those in social services.

> *Dentistry is a huge problem in Frederick County, in terms of for children, for adults, for seniors, everyone.* Social Services Provider
>
> *Now to me dental is very important for medical. I mean, I think they go together myself because if you don't have teeth, you don't eat well. We started a program in our area and we have about 25 people who want their teeth fixed. There is a great need for affordable dental care in Frederick County.* Social Services Provider
>
> *I spent a lot of time talking to moms who were actually getting pregnant so that they could get medical assistance, so that they could get their dental needs taken care of. And it was pretty common. I was really shocked and the moms were like, oh yeah, well, that's really the only way that we can get dental care. And that's just really, really sad.* Social Services Provider
>
> *So we have actually solicited every dentist in the phone book, and we have not gotten one response from anybody. As far as, 'Can you do a discount, can you do a program where you can accept two persons a year, or just anything?' and we have not gotten one response.* Social Services Provider
>
> *My final point is that when the Human Service Coalition looked the into dental care needs of the community, we found out that a lot of these dental issues could have been prevented by basic dental care, good dental care. Things like not putting babies to bed with bottles, brushing your teeth, flossing, rinsing, that sort of thing. And so building on the education, the awareness of knowing that these resources are available and just the basic education.* Social Services Provider

Oh yeah, the co-pay is outrageous. Dental care and mental health care is really expensive. Political & Community Leader

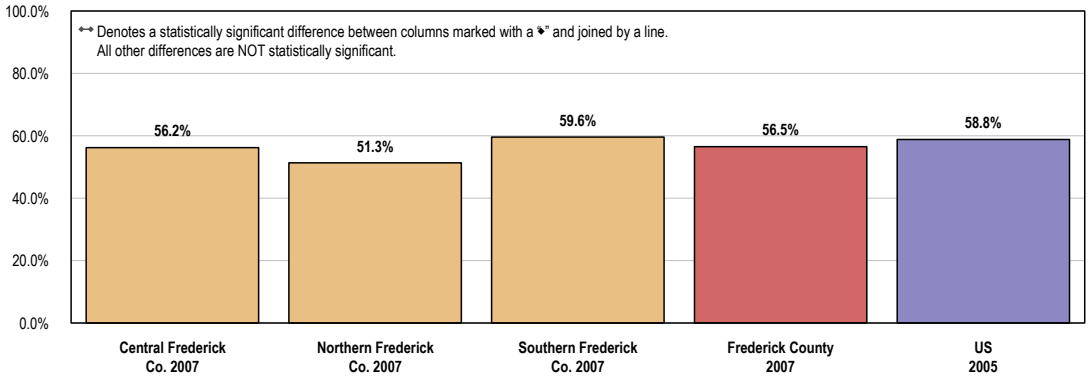
I'm also concerned about lack of dental care for children and the uninsured. I think the dental care is not at the level it should be for the uninsured and underinsured. Political & Community Leader

VISION CARE

A total of 56.5% of Frederick County residents had an eye exam in the past year during which their pupils were dilated.

- Similar to the national findings (58.8%).
- Statistically similar among the three sub-county areas.

Have Had a Dilated Eye Examination Within the Past Two Years



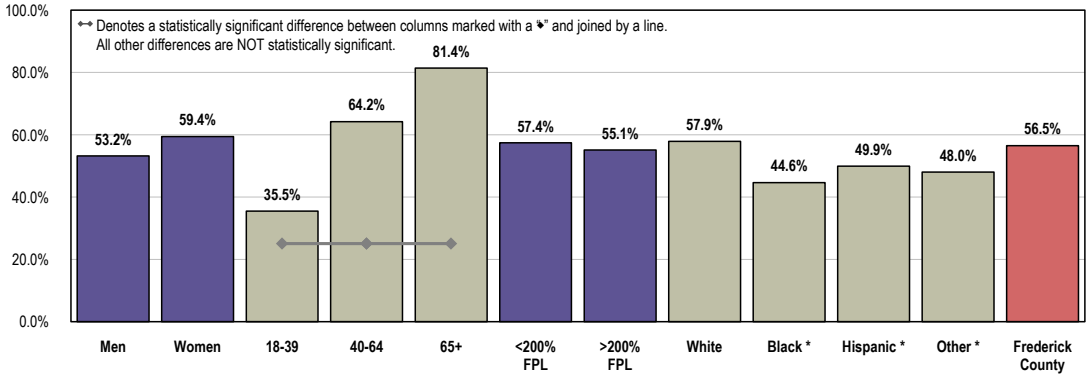
Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 24]
- 2005 PRC National Health Survey, Professional Research Consultants.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 Maryland data.

Note:
- Asked of all respondents.
- If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

- Recent vision care shares a strong positive correlation with age.

Have Had a Dilated Eye Examination Within the Past Two Years

(Frederick County, 2007)



Source:
- 2007 PRC Community Health Survey, Professional Research Consultants. [Item 24]

Note:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
- White, Black, and Other are non-Hispanic race categorizations.
- * **Please use caution when interpreting results among Black, Hispanic and Other race samples; each of these is based on fewer than 50 respondents.** If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

PERCEPTIONS OF LOCAL HEALTHCARE SERVICES

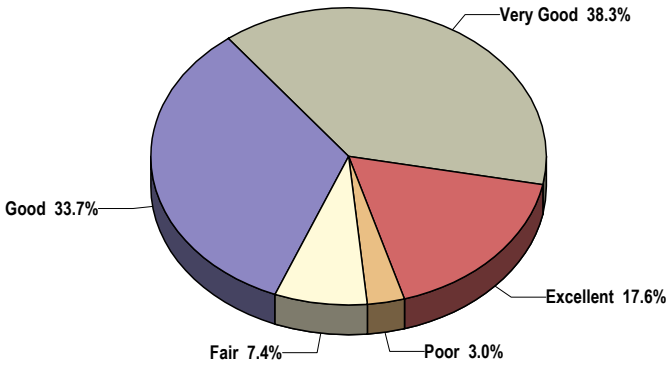
Ratings of Local Healthcare Services

More than one-half of Frederick County adults (55.9%) rate the overall healthcare services available in their community as "excellent" or "very good."

- Similar to the 56.6% reported nationally.
- Similar by area (not shown).
- Another 33.7% of survey respondents gave "good" ratings of the overall healthcare services available in their community.

Rating of Overall Healthcare Services Available in the Community

(Frederick County, 2007)

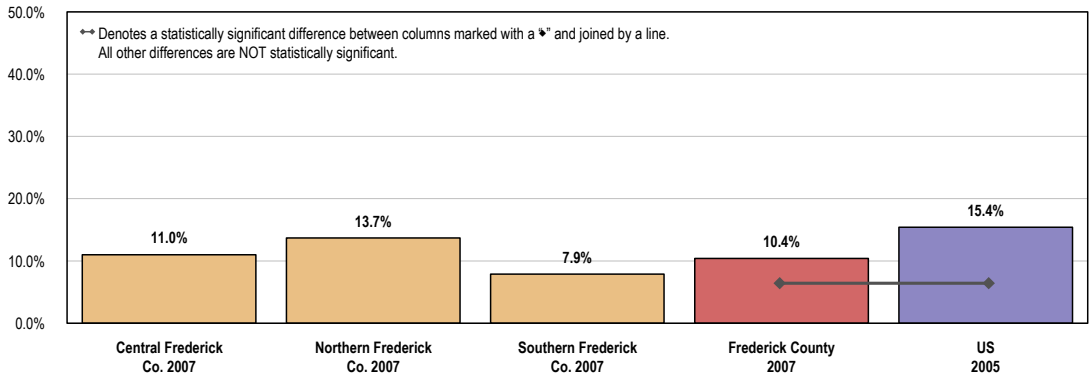


Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 8]
Note: • Asked of all respondents.

However, 10.4% of Frederick County residents characterize local healthcare services as "fair" or "poor."

- More favorable than national findings (15.4%).
- Statistically similar among the three sub-county areas.

Perceive Local Healthcare Services as "Fair/Poor"



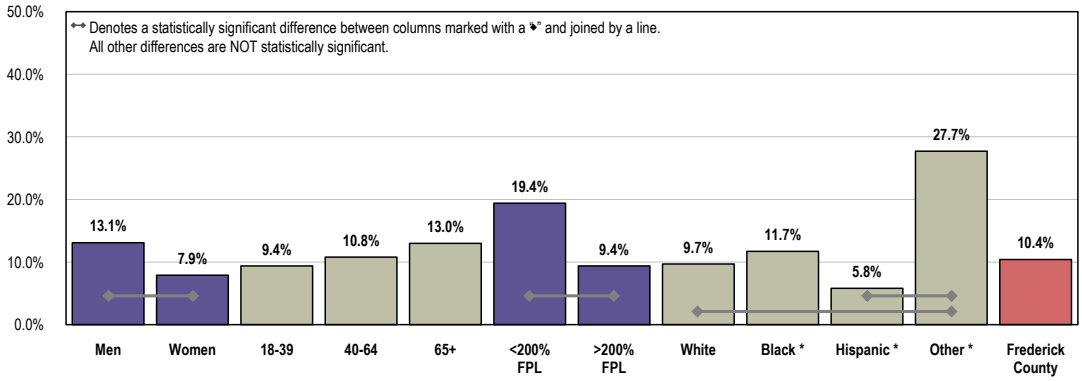
Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 8]
• 2005 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.
• If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

Note that the following demographic segments are more critical of local healthcare services:

- Men.
- Residents living at lower incomes.
- "Other" race respondents (compared to White or Hispanic respondents).

Perceive Local Healthcare Services as "Fair/Poor"

(Frederick County, 2007)



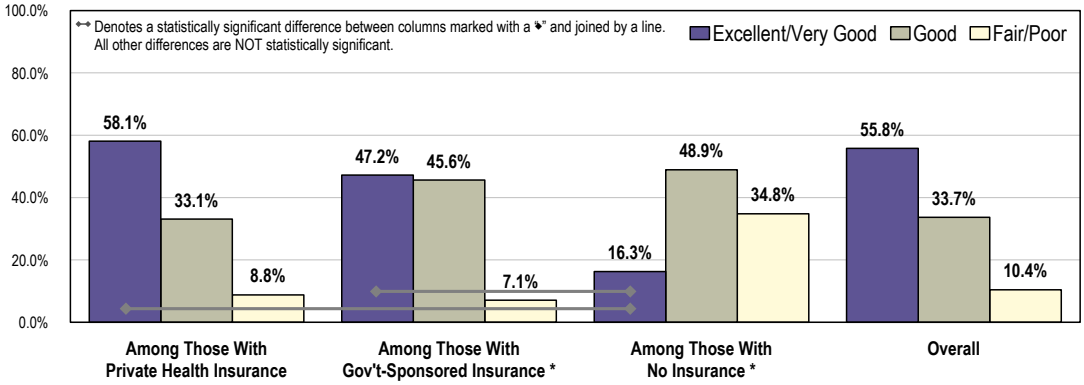
Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 8]
Note: • Asked of all respondents.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White, Black, and Other are non-Hispanic race categorizations.
• Percentages represent combined "fair" and "poor" responses.
* **Please use caution when interpreting results among Black, Hispanic and Other race samples; each of these is based on fewer than 50 respondents.** If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

By Insurance Status

- Note in the following chart the correlation between personal insurance status and ratings of local healthcare services. As may be expected, insured adults are more likely to give "excellent" or "very good" ratings of local healthcare than are the uninsured.

Ratings of Local Healthcare Services

(By Insured Status; Frederick County, 2007)



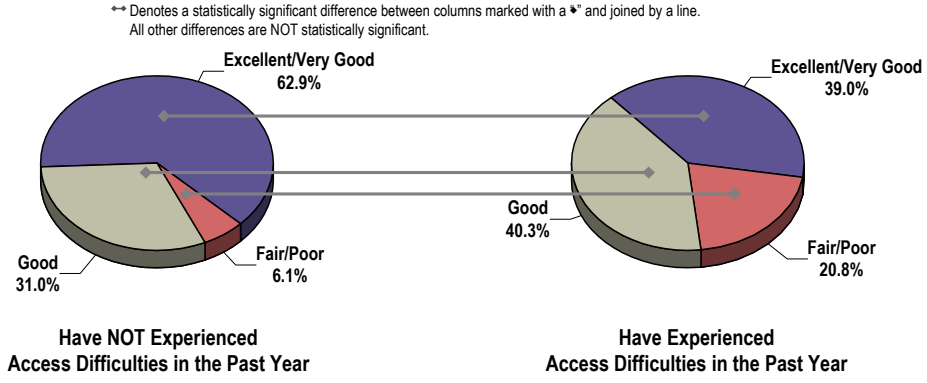
Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 8]
Note: • Asked of all respondents.
* **Please use caution when interpreting results among uninsured and government-insured samples; each of these is based on fewer than 50 respondents.** If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

By Prevalence of Access Difficulties

- The next chart correlates access difficulties with ratings of local healthcare services. Frederick County residents with recent access difficulties gave much lower overall ratings of local healthcare services.

Ratings of Local Healthcare Services

(By Access Difficulties; Frederick County, 2007)



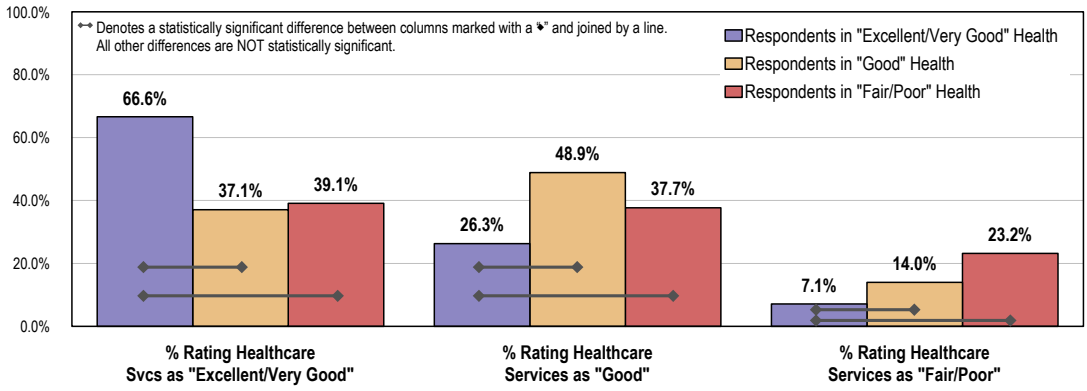
Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 8]
Note: • Asked of all respondents.

By Personal Health Status

- With regard to personal health status, adults who perceive themselves to be in "excellent" or "very good" health are more likely to rate local healthcare services as "excellent" or "very good" as well.

Ratings of Local Healthcare Services

(By Self-Reported Health Status; Frederick County, 2007)



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 8]
Note: • Asked of all respondents.
• If you do not have a strong understanding of survey statistics or are unsure how to interpret this chart, please refer to the full report which highlights only differences that are statistically significant.

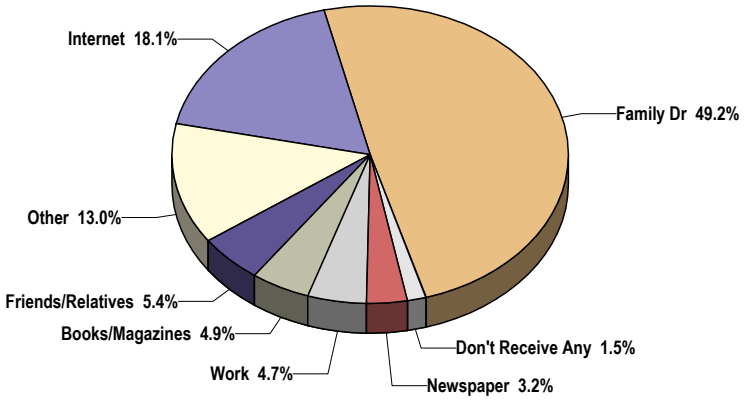
HEALTHCARE INFORMATION SOURCES

Family physicians remain residents' primary source of healthcare information.

- One-half (49.2%) of Frederick County adults cited their **family physician** as their primary source of healthcare information, much higher than the 26.6% across the United States.
- The **Internet** received the second-highest response (18.1%), higher than the 12.0% nationally.
- Other sources mentioned include friends and relatives (5.4%), books and magazines (4.9%), work (4.7%), and the newspaper (3.2%).

Primary Source of Healthcare Information

(Frederick County, 2007)



Source: • 2007 PRC Community Health Survey, Professional Research Consultants. [Item 114]
Note: • Asked of all respondents.

EDUCATIONAL & COMMUNITY-BASED PROGRAMS

Related Focus Group Findings

According to focus group participants in each of the sessions conducted in Frederick County, education and awareness are crucial to the goal of a healthier community. Note the great variety of ways in which participants feel that outreach can help the Frederick County community:

> *Education is the key for preventive care. Your high school, junior high school, your primary level; preventive health and things like that weren't really talked about. When you get to high school, at that level, I think here in Frederick County it would be a good idea to emphasize the types of services that are in the county.* Political & Community Leader
>
> *In the city we need some basic contacts as to where someone might go. And if we could do a better job of being able to direct someone to the right contact person in the Health Department, and we could even put that on our channel that we broadcast on, Channel 99, and that might help people know where to turn.* Political & Community Leader
>
> *There can always be bulletins put in the churches and let it hang at the Music Exchange, but everyone should have one in their church, that they can go to on the computer for information.* Political & Community Leader
>
> *Frederick County's grapevine is fast and inaccurate at times. So the perception of waiting lists and that there isn't true help out there that's immediate isn't necessarily true.* Political & Community Leader
>
> *Church lobbies and bulletins, that is where we need to be advertising in order to reach the minority populations.* Allied Health
>
> *Some type of forum for us to understand each other's services would be helpful for us as providers.* Allied Health
>
> *Our coalition is going well and we are here to get the word out there.* Allied Health
>
> *Collaboration between the agencies here in Frederick County is good. We have a lot of really strong programs.* Allied Health
>
> *The small size of our county is definitely in our favor; you can get to know people, you can get things done.* Allied Health
>
> *We keep saying the school should do it and everybody else should do it. But where are parents in this? Part of being a father is saying, 'You can't wear your pants like that, or you can't do this, or you have ramifications,' but everybody wants to be the kid's best friend instead of a parent.* Political & Community Leader
>
> *And there's a real culture out there among parents that if it's done in their home, whether it's sleeping with their boyfriend, whether it's drinking, as long as it's done in their home, that that's okay. And I just think this parent education piece we've missed somehow, and I don't know how to get it back and to tell parents, 'It's your job.'* Political & Community Leader
>
> *I think education is another key factor, for parents to educate what their kids need to have done to maintain their health, and do some proactive things so they don't end up in the ER.* Political & Community Leader
>
> *So it's our responsibility to educate the people in our ministries and pass it on to the churches out there in the community. The way we're doing that is meeting with the organization that we belong to, and passing that along to the different churches. I think the best way to get it out is word-of-mouth in the community through the churches.* Political & Community Leader
>
> *The other good point of information is through the school system. I know the school system puts out a lot of information now. The school system reaches a lot of people in the community.* Political & Community Leader